

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Zone Medical Director ,North Zone
Location Fort McMurray
 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	1,019	29	399	1,270	2,717			
Total			\$ 1,019	\$ 29	\$ 399	\$ 1,270	\$ 2,717	\$ -	\$ -	\$ -

Total for the Month \$ 2,717

Maximum daily single meal expense claimed in the month \$ 14
 Maximum daily base hotel rate claimed in the month \$ 229
 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

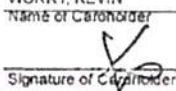

Instruction:

- 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

WORRY, KEVIN Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period: 20/05/2014
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount: \$2,716.05
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA 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
20/05/2014	352837289	NORTHERN AIR CANADA (P. AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS)	363.30	CAD	363.30	17.30		Return Flight in Peace River - Dr Worry <i>Site Visit</i> ✓
20/05/2014	352844161	TASF 5035502362, TRAVEL AGENCIES AND TOUR OPERATORS	10.00	CAD	10.00	00		TASF Change on Flight EDM to Calgary ✓
20/05/2014	352844102	AIR CAN 0142134672533, AIR CANADA	424.90	CAD	424.90	88.98		OOX Worry - travel to Cdn Foundation Health Care Improvement Meeting ✓
21/05/2014	352537900	EXPLORE ROCKIES TOURS, TOURIST ATTRACTIONS AND EXHIBITS	115.50	CAD	115.50	5.53		OOX Worry - Travel <i>Site Visits, Peace River</i> ✓
21/05/2014	352849641	SUBWAY STORE# 53231, FAST-FOOD RESTAURANTS	13.61	CAD	13.61	00		<i>Fastview High Level, Ingre</i> Food Purchase - Dr Worry ✓
21/05/2014	352844160	YELLOW CAB, LIMOUSINES AND TAXI CABS	14.40	CAD	14.40	00		Taxi - Dr Worry <i>Site Visits</i> ✓
23/05/2014	352990335	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	284.48	CAD	284.48	12.70		Hotel - Dr Worry <i>Site Visits</i> ✓
23/05/2014	353085613	ESSO, FUEL DISPENSER, AUTOMATED	89.88	CAD	89.88	3.32		Gas for Rental Car - Dr Worry <i>Site Visits</i> ✓
26/05/2014	35354788	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	840.21	CAD	840.21	30.49		Car rental Peace River to High Level/La Crete ✓
27/05/2014	353343328	MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS	412.02	CAD	412.02	19.82		Charge correction - Dr Worry Hotel stay ✓
27/05/2014	353343329	MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS	-564.69	CAD	-564.69	-25.90		Overcharge - reimbursed May 29, 2014 and charged at the proper rate ✓
27/05/2014	353343330	WESTJET 0004823708893, Westjet Airlines	221.48	CAD	221.48	49.48		OO Return from Banff Meeting ✓
29/05/2014	353554788	JUGO JUICE, EATING PLACES, RESTAURANTS	14.18	CAD	14.18	08		Food Purchase - Dr Worry <i>attended Northern Rural or Remote H.C. Collaboration mtg</i> ✓
30/05/2014	353554787	TAXI TAXI BANFF, LIMOUSINES AND TAXI CABS	9.00	CAD	9.00	00		Taxi while at Banff for Meeting <i>attended Northern Rural or Remote H.C. Collaboration mtg</i> ✓
30/05/2014	353726356	DELTA BANFF ROYAL CANA, LODGING HOTELS, MOTELS, RESORTS	268.82	CAD	268.82	12.25		OO Hotel - Cdn Foundation Health Care Improvement Meeting ✓
09/06/2014	354846158	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Parking Pass EA ✓
18/06/2014	355005578	Enterprise (750) 715 36, ENTERPRISE RENT-A-CAR	218.47	CAD	218.47	10.31		Car Rental - FMM - Dr Worry ✓
18/06/2014	355005579	SHELL, FUEL DISPENSER, AUTOMATED	47.26	CAD	47.26	2.25		Gas for Rental Car while traveling ✓

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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 		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	Date of Signature _____	
Cardholder By signing this statement <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 		
WORRY, KEVIN Name of Cardholder _____	MEDICAL DIRECTOR - NORTH Cardholder Position/Title _____	
 Signature of Cardholder _____	July 11, 2014 Date of Signature _____	
Approver Designate (if Applicable) By signing this statement <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 		
Name of Approver Designate _____	Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature _____	
Approver By signing this statement <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. 		
Dr. Verma Name of Approver _____	VP Quality + CMO Approver Position/Title _____	
 Signature of Approver _____	July 16, 2014 Date of Signature _____	
Submit approved statement with attachments to Accounts Payable		
Attach: <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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only		
Reference #: _____	Reviewed by: _____	Date: _____



Leanne Mutlow

From: etars@flynorthernair.com
Sent: Friday, May 16, 2014 3:11 PM
To: Tiffany Aske; nacreervations@flynorthernair.com
Subject: Your Ticketless Itinerary - Thank you and have a great flight.

*URGENT NOTIFICATION - FOR ALL EDMONTON SCHEDULED SERVICE PASSENGERS!
AS OF JUNE 30th, 2012 THE EDMONTON SCHEDULED SERVICE WILL MOVE FROM The Edmonton City Center Airport (YXD) - Esso Avitat, Building # 19, 77 Airport Road, Edmonton Municipal Airport to The Edmonton International Airport (YEG) - Executive Flight Center, 3684 - 53 Avenue East, Edmonton International Airport.

RESERVATION CONFIRMATION

NORTHERN AIR
Hangar #5
Peace River Airport

WELCOME ABOARD

KEVIN W WORRY

RESERVATION DETAILS

Confirmation Number: [REDACTED]
Passenger ID Number: [REDACTED]
Date Booked: 16May14
Modified: 16May14
Booked By: [REDACTED]

ITINERARY

1. KEVIN WORRY

Date	Flt	Depart	Arrive	Stop
Wed 21May14	NA102A	Edmonton International Airport	08:00:00	Peace River 09:10:00
				0

If you require a copy of your e-ticket please follow this link <https://fdmsecure.com/northernair.com/itineraryn.jsp> input your passenger identification number and itinerary number and follow the directions located at the top of your itinerary.

CHARGES

Total for 1 passenger(s)

Fare: 299.00

NAV: 20.00

LF: 27.00

GST: 17.30

TOTAL: CAD 363.30-

Payment: CRED:MC

Balance Due: CAD .00-

Rules and Conditions (last updated December 8, 2008):

This is an automated message system. Please do not respond. If you have received this message in error, please contact Northern Air reservation department at nacreservations@flynorthernair.com

Check in locations:

Edmonton International Airport - Executive Flight Center, 3684 - 53 Avenue East, Edmonton International Airport.

Check-in Information:

Please check-in 30 minutes prior to departure time with picture ID.

Failing to check in a minimum of 15 minutes prior to departure may result in the forfeit of your seat and a loss of fare.

Baggage allowance is 30 lbs per person, any excess baggage is subject to an overweight baggage fee of \$1.00 per lb.

Northern Air has a no carry on policy ; therefore, all baggage including briefcases / laptop cases must be checked in, the only exception is a small purse / handbag. Excess baggage may go on a stand-by basis if the aircraft load has been exceeded.

Rules and Regulations:

For any changes or cancellations, we require a minimum of 2 hours notice prior to departure time.

If changes are made there will be a fee of \$30.00 per direction that will apply. If cancelled, you will receive a credit that stays on file for 1 year, less a penalty of \$30.00 per direction.

There are no changes or cancellations allowed within 2 hours of departure, if so it will result in a loss of fare.

For more information call Northern Air Reservations at 1-780-624-1911 or toll free at 1-800-661-1911.

THANK YOU FOR CHOOSING NORTHERN AIR. ENJOY YOUR FLIGHT!

①

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: May 21, 2014
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

DR KEVIN WORRY
AC [REDACTED]

Wednesday, May 21, 2014

Air

HARBOUR AIR
From: EDMONTON INTL AB
To: PEACE RIVER
Stops: 0
NORTHERN AIR CONFIRMATION [REDACTED]

Flight: 102
08:00 AM
09:10 AM

ECONOMY CLASS

Mile(s) Flown: 254

Car

NATIONAL CAR RENTALS
Pickup Time: 09:30 AM
Return: 23May14 11:30 AM
Rate Plan: 3 Day(s)
Daily Rate: CAD
Confirmation: [REDACTED]
Corporate Id: [REDACTED]

Pickup City: PEACE RIVER
1 INTERMEDIATE CAR 2-4DR
Dropoff City: HIGH LEVEL

41.00 0 Free Kilometer(s)

BMOV

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 20MAY14
PAGE: 1

FOR: DR KEVIN WORRY
AC [REDACTED]

- - - - - I T I N E R A R Y - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8139 W	GK	29MAY	10:00A	10:44A		
		CRJ JET							

AIR CANADA E

AIR CANADA BOOKING REFERENCE [REDACTED]

SEAT 2C

CALGARY	EDMONTON INTL	AIR CANADA	8150 G	GK	30MAY	3:30P	4:20P		
		DH4							

AIR CANADA E

AIR CANADA BOOKING REFERENCE [REDACTED]

SEAT 9D

- - - - - C O S T - - - - -

AIR CANADA	TKT NO	[REDACTED]	0.00	②
BSP TASF	TKT NO	[REDACTED]	10.00	
AIR CANADA	TKT NO	[REDACTED]	(INCL 69.96 TAX) 424.96	③

*** SUB-TOTAL EXCLUDING GST/HST & APT

434.96

*** TOTAL CHARGES THIS INVOICE ***

434.96

PAYMENT BY [REDACTED]

TKT

0.00

PAYMENT BY [REDACTED]

TKT

10.00

PAYMENT BY [REDACTED]

TKT

424.96

*** BALANCE DUE

0.00

BALANCE DUE TO DATE

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

CONTINUED ON NEXT PAGE

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915

PHONE: [REDACTED]

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 20MAY14
PAGE: 2

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

24 HOUR 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 2ECO

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

****PLEASE NOTE CHECKIN TIMES*****

**DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR

**DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

-----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.

(4)

BHO ✓

Leanne Mutlow

From: Cheryl Meriot
Sent: Wednesday, June 25, 2014 8:09 AM
To: Leanne Mutlow
Subject: FW: Tour Modification - Revised Confirmation

From: Cheryl Meriot **On Behalf Of** Kevin Worry, Dr.
Sent: May 27, 2014 9:30 AM
To: Cheryl Meriot
Subject: FW: Tour Modification - Revised Confirmation

From: Explore Rockies [mailto:sightseeing@brewster.ca]
Sent: Tuesday, May 27, 2014 9:18 AM
To: Kevin Worry, Dr.
Subject: Tour Modification - Revised Confirmation

Having problems viewing this email? [View it online here](#)

Your activity has been modified as requested. Here are your revised confirmation details:

Confirmation Number: [REDACTED] Amount Paid: **\$115.50**
Paid By: Card [REDACTED]

Booking Details

First Name: **Kevin** Affiliata #:
Last Name: **Worry** Ordered By:
Email: [REDACTED] Customer Ref:
Phone: [REDACTED] Promo Code:
Country: **CAN** Booked By: [REDACTED]
Purchase Date: **May 20, 2014**

Date	Tour Name	Adults	Children	Total
29 May 2014	Calgary Airport to Banff ~ 11:30am	1 @ \$55.00	0 @ \$27.00	\$55.00
Operated By Brewster Banff Airport Express				

attended: Northern Rural¹ or Remote H.C. Collaboration mtg
May 29-30/14 in Banff

PICKUP TIME: 11:30 AM - Calgary International Airport ** Check in at Brewster desk on Arrivals Level between gates B and C.

Special Notes: d.o Delta banff

30 May 2014	Banff to Calgary Airport ~ 3:45pm	1 @ \$55.00	0 @ \$27.00	\$55.00
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Operated By Brewster Banff Airport Express

PICKUP TIME: 03:15 PM - Banff Centre for the Arts ** Please wait out front of the Professional Development Building (PDC)

Special Notes: d.o YYC

All prices in Canadian dollars

Tour Services	\$	110.00
GST	\$	5.50
Total Amount Paid	\$	115.50

[Contact Customer Care](#)

[Modify/Cancel Booking Online](#)

Pickups: You must be at your pickup location at least 10 minutes prior to departure as the motorcoach will depart promptly at the scheduled time.

Changes or fully refundable cancellations for Explore Rockies Tours and Brewster Banff Airport Express can be made up to 90 minutes prior to the start of the tour at ExploreRockies.com. All other excursions and activities are subject to individual product cancellations and policies noted in the confirmation. For more information, or to change or cancel a booking please contact Explore Rockies at sightseeing@brewster.ca or by calling 1-800-760-6934.

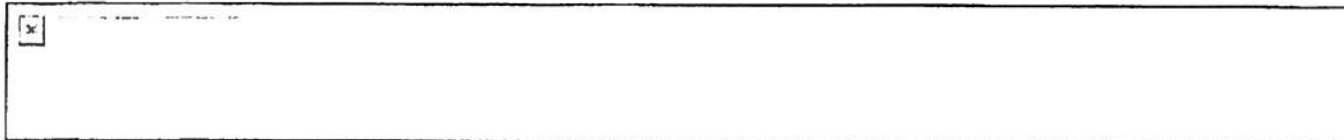
This booking is subject to the [Terms and Conditions at explore.brewster.ca](#).

CONFIDENTIAL NOTICE: This e-mail transmission (and the attachments, if any, accompanying it) may contain confidential information. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any forwarding, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. Any unauthorized interception of this transmission is illegal under the law. If you have received this transmission in error, please promptly notify the sender by reply e-mail, and then destroy all copies of the transmission.

BMO✓

Cheryl Meriot

From: Explore Rockies <sightseeing@brewster.ca>
 Sent: Tuesday, May 20, 2014 4:42 PM
 To: Kevin Worry, Dr.
 Subject: Explore Rockies Confirmation and Receipt



Having problems viewing this email? [View it online here](#)

**Thank you for making us a part of your Canadian Rockies experience.
 Your confirmation details are below.**

Confirmation Number: [REDACTED] Amount Paid: **\$115.50**

Paid By: Card # [REDACTED]

Booking Details

First Name: Kevin	Affiliate #:
Last Name: Worry	Ordered By:
Email: kevin.worry@albertahealthservices.ca	Customer Ref:
Phone: [REDACTED]	Promo Code:
Country: CAN	Booked By: [REDACTED]
	Purchase Date: May 20, 2014

Date	Tour Name	Adults	Children	Total
29 May 2014	Calgary Airport to Banff ~ 11:30am	1 @ \$55.00	0 @ \$27.00	\$55.00
Operated By Brewster Banff Airport Express				
PICKUP TIME: 11:30 AM - Calgary International Airport ** Check in at Brewster desk on Arrivals Level between gates B and C.				
Special Notes: d.o banff centre				
30 May 2014	Banff to Calgary Airport ~ 12:00pm	1 @ \$55.00	0 @ \$27.00	\$55.00
Operated By Brewster Banff Airport Express				
PICKUP TIME: 11:30 AM - Banff Centre for the Arts ** Please wait out front of the Professional Development Building (PDC)				

*Attended: Northern Rural or Remote H.C. Collaboration
 nity - May 29-30/14 in Banff*

Special Notes: d.o YYC

All prices in Canadian dollars

<u>Contact Customer Care</u>	Tour Services	\$	110.00
	GST	\$	5.50
<u>Modify/Cancel Booking Online</u>	Total Amount Paid	\$	<u>115.50</u>

Pickups: You must be at your pickup location at least 10 minutes prior to departure as the motorcoach will depart promptly at the scheduled time.

Changes or fully refundable cancellations for Explore Rockies Tours and Brewster Banff Airport Express can be made up to 90 minutes prior to the start of the tour at ExploreRockies.com. All other excursions and activities are subject to individual product cancellations and policies noted in the confirmation. For more information, or to change or cancel a booking please contact Explore Rockies at sightseeing@brewster.ca or by calling 1-800-760-6934.

This booking is subject to the [Terms and Conditions](http://www.ExploreRockies.com) at www.ExploreRockies.com.

CONFIDENTIAL NOTICE: This e-mail transmission (and the attachments, if any, accompanying it) may contain confidential information. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any forwarding, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. Any unauthorized interception of this transmission is illegal under the law. If you have received this transmission in error, please promptly notify the sender by reply e-mail, and then destroy all copies of the transmission.

NORTHERN RURAL OR REMOTE COLLABORATION



NORTHERN RURAL OR REMOTE HEALTHCARE: ENHANCING IMPROVEMENT THROUGH COLLABORATION

May 29-30, 2014

Banff Conference Center, Banff, Alberta

Kinnear Centre 303

Please join the Northern, Rural or Remote (NRoR) Collaboration as it convenes a roundtable to foster dialogue on cross-regional collaboration and improvement within primary care and mental health services in the northern, rural or remote context. This invite-only event brings together senior healthcare leaders from across Canada with objective to:

1. Identify effective, evidence-based approaches to improving the organization and delivery of primary care and mental health services informed by best available evidence and promising practices;
2. Assess alignment of current service delivery improvement priorities and identify opportunities for cross-regional collaboration that enhance local capacity by working together and sharing experiences.

To help inspire our collective thinking and create the space for a highly energized and engaged dialogue, participants will gain insight from presentations by:

- Joe Gallagher, CEO of the newly established First Nations Health Authority in British Columbia;
- Accreditation Canada, which will provide reflections on service delivery in Canada's northern, rural or remote regions; and
- NRoR Collaboration Executive Committee members, who will share promising innovations happening in their regions.

Please RSVP by **April 15, 2014** to **Natalie McCarthy** at nror@cfhi-fcass.ca



AGENDA

(All activities are held in Kinnear Center 303)

Day 1: Thursday, May 29, 2014 – 3:30 pm-7:30 pm MDT

TIME	SESSION	FACILITATOR/ PRESENTER
3:30PM – 4:00PM	Registration opens at 3:30PM and closes at 7:30PM <i>Continuous Health Break is provided in the foyer</i>	
4:00PM – 4:30PM	Welcome & Introductions <ul style="list-style-type: none"> Welcome on behalf of the NRoR Executive & CFHI Overview of objectives and agenda 	EC member TBD Stephen Samis
4:30PM – 5:30PM	Presentation of key findings from commissioned syntheses <ul style="list-style-type: none"> <i>Inclusion of Mental Health and Addictions Services in Interprofessional Primary Healthcare Delivery in Northern, Rural or Remote Contexts</i> <i>Models of Primary Healthcare Delivery in Northern, Rural or Remote Settings</i> 30 min presentation 30 min Q&A	Vicki Farrally Eva Neufeld
5:30PM – 6:00PM	Accreditation Canada <ul style="list-style-type: none"> Reflections on North of 60 service delivery [Title TBD] 15 min presentation 15 min Q&A	TBD
6:00PM – 7:30PM	Cocktail, Dinner & Networking	All

Day 2: Friday, May 30, 2014 – 7:30 am-4:00 pm MDT

TIME	SESSION	FACILITATOR/ PRESENTER
7:30AM – 8:30AM	Breakfast	
8:30AM – 9:00AM	Welcome and Review of Day <ul style="list-style-type: none"> Welcome on behalf of the NRoR Executive & CFHI Review of agenda Recap of main findings from the syntheses 	EC member TBD Stephen Samis Vicki Farrally
9:00AM – 9:45AM	Keynote: Joe Gallagher, CEO, First Nations Health Authority (BC) <ul style="list-style-type: none"> <i>Health services transformation through First Nations partnerships and decision making</i> 	Joe Gallagher
9:45AM – 10:45AM	Opportunities and challenges (group discussion) <ul style="list-style-type: none"> Develop shared understanding of common opportunities and challenges of delivering integrated mental health and primary care services in northern, rural or remote contexts. 	Vicki Farrally All

	<i>45 min small group facilitated discussion</i> <i>15 min plenary report back</i>	
10:45AM – 11:00AM	Health Break	
11:00AM – 12:00PM	NRoR Innovations <ul style="list-style-type: none"> ▪ NRoR regions have unique challenges as well as assets, these rapid presentations showcase how leaders are leveraging both to improved quality and service delivery ▪ Presentation by NRoR Executive Members (TBD) <i>Two-Three 15 min presentations</i> <i>15-30 min plenary discussion/Q&A</i>	Vicki Farrally EC members TBD
12:00PM – 1:00PM	Lunch Break	
1:00PM – 2:00PM	Priority Improvement Areas (group discussion) <ul style="list-style-type: none"> ▪ Identify current priority improvement areas as well as key elements of healthcare quality and improvement unique to northern rural or remote regions. <i>45 min small group facilitated discussion</i> <i>15 min plenary report back</i>	Vicki Farrally All
2:00PM – 3:00PM	Translating Policy into Practice (group discussion) <ul style="list-style-type: none"> ▪ Share experiences in translating health policy into practice within northern, rural or remote contexts. <i>45 min small group facilitated discussion</i> <i>15 min plenary report back</i>	Scott Robertson All
3:00PM – 3:15PM	Health Break	
3:15PM – 4:00PM	Recap and Next Steps <ul style="list-style-type: none"> ▪ Review and discuss key messages from the day and next steps ▪ Adjourn 	Stephen Samis

BEST WESTERN PLUS

MIRAGE HOTEL & RESORT
9616 Highway 58
High Level, AB T0H 1Z0



(7)

(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM

WWW.BESTWESTERNHIGHLEVEL.COM

C/O 05/23/2014 01:09 PM MD

Registered To:

WORRY, KEVIN DR

Room #

Conf #

Arrival 05/21/14

Departure 05/23/14

Room Type

Guests

Payment

Acct

Posting	Oper	AcctCo	Description	From	Reference	Amount
05/21/14			ROOM CHRG REVENUE			\$124.99
05/21/14			TOURISUM LEVY			\$5.00
05/21/14			GST			\$6.25 ✓
05/21/14			Tourism Improvement Fee			\$3.75
05/21/14			Eco-Stay Sur-Charge			\$2.00
05/21/14			TOURISUM LEVY			\$0.08
05/21/14			GST			\$0.10 ✓
05/21/14			Tourism Improvement Fee			\$0.06
05/22/14			ROOM CHRG REVENUE			\$124.99
05/22/14			TOURISUM LEVY			\$5.00
05/22/14			GST			\$6.25 ✓
05/22/14			Tourism Improvement Fee			\$3.75
05/22/14			Eco-Stay Sur-Charge			\$2.00
05/22/14			TOURISUM LEVY			\$0.08
05/22/14			GST			\$0.10 ✓
05/22/14			Tourism Improvement Fee			\$0.06
05/23/14			PAYMENT MC			\$284.46-
Balance Due						\$0 00

Site visits: Peace River / High Level / La Crete /
Fort Vermilion

BEST WESTERN PLUS

MIRAGE HOTEL & RESORT
9616 Highway 58
High Level, AB T0H 1Z0



(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM

WWW.BESTWESTERNHIGHLEVEL.COM

C/O 05/23/2014 01:09 PM MD

Registered To:

WORRY, KEVIN DR

Room #

Conf #

Arrival

Departure

05/21/14

05/23/14

Room Type

Guests

Payment

Acct

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature

Rental Agreement #

Invoice #



Renter Information

Renter Name

KEVIN WORRY

Renter Address

Rental Credits

1 credit has been awarded for this rental.

Vehicle Information

MAZDA6

License #

State/Province: AB

Vehicle Class Driven

Full Size 2/4 Door Car Auto A/C

Vehicle Class Charged

INTERMEDIATE 2/4 DOOR AUTOMATIC A/C

Odometer Mileage/Kilometers

Starting: 25836.0 Ending: 26530.0

Total: 694.0

Thank you for renting with

National Car Rental.

We appreciate your business.

Please do not reply directly to this email. If you have a question or comment regarding your rental agreement please send it to customerservice@nationalcar.com

Trip Information

Pickup

Wed, May 21 2014 9:30 AM

PEACE RIVER ARPT
(YPE)MELS U-DRIVE (1978) LTD
BOX 70
PEACE RIVER, AB T8S1S7
CA

Return

Fri, May 23 2014 9:30 AM

FOOTNER LAKE ARPT
(YOJ)NATIONAL RENTAL PO BOX 2035
HIGH LEVEL, AB T0H1Z0
CA

Rental Charges

Rental Rate	2 day at \$41.00 / day	\$82.00
Coverages	Misc Ldw Over 25 (\$29.95 / day)	\$59.90
Mileage	Excess Distance Charge (694 Distance @ \$0.60)	\$416.40
Taxes and Fees	Veh Lic Recoupment 1.75/day	\$3.50
	Concession Recoup Fee 8.53 Pct (8.53%)	\$47.92
	Ca Goods/svces Tax Alberta (5.00%)	\$30.49
Total		\$640.21
	(Subject to audit)	
Amount Due		(\$640.21)
		(\$0.00)



- 1 METHOD OF PAYMENT
MODE DE PAIEMENT
- ☐ AMEX
 - ☐ CASH/COMPTANT
 - ☐ DIRECT/FACTURE
 - ☐ EN ROUTE/DINERS
 - ☐ MASTERCARD
 - ☐ CORPORATE BILLING
FACTURATION CENTRALE
 - ☐ VISA

Location Code: YPET01 RA # 6849747
Code de bureau de location: N° Contrat

National Car Rental
Mel's U-Drive (1978) Ltd
A7502-100TH AVE
Peace River, AB T8S 1M5
780-624-2809 FAX 780-624-4305

OTHER/AUTRE

2 UNIT NO./UNITÉ C3216	3 LICENSE NO./N° D'IMM. T93919	4 MODEL/MOÈLE HAZDA 6	5 RATE/TARIF CLASS/CAT.
6 OWNER STAT/PROPRIÉTAIRE		7 TO BE CHECKED IN AT/ARRIVERA A	
[REDACTED]		9 RETURN DATE DE RETOUR	
		11 DESTINATION	
57 ALTERNATE VEHICLE/AUTRE VEHICULE			
UNIT NO./UNITÉ	DATE & TIME/HEURE	KM IN/RETOUR	
LICENSE/N° D'IMM.		KM OUT/DÉPART	
MODEL/MOÈLE	RATE/TARIF CLASS/CAT.	KM DRIVEN PARCOURUS	
12 CONTRACT #/CONTRAT	[REDACTED]		
13 REMARKS/REMARQUES DOB DEC 22 71		14 IN BY RETOUR PAR	
13A ADD. AUTH. DRIVER #1/CONDUCTEUR AUT. #1		15 OUT BY DÉPART PAR	
SIGNATURE ADDL AUTH. DR #1/SIGNATURE COND. AUT. ADDIT. #1 X		FOR THE OWNER POUR LE PROPRIÉTAIRE	
16 LOSS DAMAGE WAIVER (L.D.W.) BY CUSTOMER'S INITIALS IN CONSIDERATION OF THE PAYMENT OF \$ 0 PER DAY CUSTOMER'S LIABILITY FOR DAMAGE TO RENTED VEHICLE IS LIMITED TO \$ FULL VALUE SEE ATTACHED TERMS AND CONDITIONS. CUSTOMER SHALL, HOWEVER, BE LIABLE FOR ALL DAMAGE IF: (A) ANY OF THE TERMS OF THE AGREEMENT ARE VIOLATED; (B) VEHICLE IS USED, OPERATED OR DRIVEN OFF ROADS, ADMINISTERED BY ANY LEVEL OF GOVERNMENT; (C) CAUSED TO THE VEHICLE BY STRIKING OVERHEAD OBJECTS. L.D.W. IS NOT INSURANCE.			
EXONÉRATION EN CAS DE DOMMAGES (ECD) EN APOSANT LES INITIALES DU CLIENT EN CONSIDERATION DU PAIEMENT DE \$ PAR JOUR LA RESPONSABILITÉ DU CLIENT POUR TOUT DOMMAGE CAUSÉ AU VEHICULE LOUE EST LIMITEE A \$ VOIR LES CONDITIONS CI-JOINTES. CEPENDANT LE CLIENT SERA RESPONSABLE POUR TOUT DOMMAGE (A) SI L'UNE QUELCONQUE DES CLAUSES DE CE CONTRAT EST VIOLÉE, (B) SI L'ON UTILISE, OPERE OU CONDUIT LE VEHICULE HORS DES ROUTES GERÉES PAR TOUT NIVEAU DE GOUVERNEMENT, (C) S'IL EST CAUSÉ AU VEHICULE PAR UNE COLLISION A LA HAUTEUR DU TOIT. ECD N'EST PAS UNE ASSURANCE.			
17 PERSONAL ACCIDENT INSURANCE (PAI) CUSTOMER ACCEPTS OR DECLINES PAI AT RATE SHOWN IN SEPARATE BROCHURE. ACCEPTANCE IS PROOF OF COVERAGE UNDER POLICY ISSUED TO NATIONAL AS OUTLINED IN SEPARATE BROCHURE.			
ASSURANCE ACCIDENT PERSONNELLE (AAP) LE CLIENT ACCEPTE OU REFUSE L'AAP AU TAUX ÉTABLI DANS UNE BROCHURE SÉPARÉE. LE CONSENTEMENT INDIQUE QUE LE CLIENT EST PROTÉGÉ PAR LA POLICE ÉMISE À NATIONAL, COMME L'INDIQUE LA BROCHURE.			
INITIAL ONE		ACCEPTS PAI ACCEPTE AAP	
DECLINES PAI REFUSE AAP		INITIALEZ UNE CASE	
18 CUSTOMER AUTHORIZES NATIONAL TO PROCESS A CREDIT CARD VOUCHER, IF ANY, IN HIS/HER NAME FOR CHARGES HEREUNDER. I HAVE RECEIVED, AGREED TO AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT INCLUDING THE SEPARATE FOLDER DELIVERED TO ME WITH THIS RENTAL DOCUMENT. X			
LE CLIENT AUTORISE NATIONAL À ÉMETTRE UN TALON DE CARTE DE CRÉDIT, S'IL Y A LIEU, EN SON NOM POUR LES FRAIS CI-DESSOUS. J'AI REÇU, COMPRIS ET ACCEPTE TOUTES LES CONDITIONS ATTENANTES À CE CONTRAT DE LOCATION, Y COMPRIS CELLES QUI SONT DÉCRITES DANS UN DÉPLIANT SÉPARÉ, LEQUEL M'A ÉTÉ REMIS AVEC LE CONTRAT DE LOCATION.			
19 DRIVER'S NAME NOM DU CHAUFFEUR KEVIN WOODRIF			
[REDACTED]			
24 # IATA AGENT 69972146	25 RES. # 151576036	26 RES. CLASS CAT.	27 COMM. CODE

29 IN RETOUR	DATE & TIME/HEURE		
30 OUT DÉPART	DATE & TIME/HEURE MAY 21 2014 1.30		
31	KM IN/RETOUR		
32 25356	KM OUT/DÉPART		
33	KM DRIVEN/PARCOURUS		
34	KM ALLOWED/COMPRIS		
35	KM @ 98		
36	ADD. HOURS HEURES ADD.	@	
37	DAYS JOURS	@ 41.00	
38	WEEKS SEMAINES	@	
39	MONTHS MOIS	@	
39A			
40 TOTAL TIME & KM TEMPS TOTAL & KM			
40A Fuel Out			
40B Fuel in			
41 INTER-CITY FEE TAUX INTERCITÉ TO: A:			
RATES DO NOT INCLUDE FUEL REPLACEMENT CHARGES.			
CUSTOMER RESPONSIBLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.			
INVOICE PAYABLE ON RECEIPT.			
RENTAL AGREEMENT IS CLOSED SUBJECT TO AUDIT.			
TARIFS NE COMPRENNENT PAS LES FRAIS POUR REMPLACEMENT DE CARBURANT.			
CLIENT EST TENU RESPONSABLE DE TOUTE INFRACTION DE STATIONNEMENT DU CIRCULATION.			
FACTURE PAYABLE SUR RÉCEPTION.			
AVANT D'ÊTRE FINALISÉ CE CONTRAT DE LOCATION SERA SOUMIS À UNE VÉRIFICATION.			
55 DEPOSITS/DÉPÔTS			
50 TOTAL CHARGES TOTAL DES FRAIS			
56 CASH REFUND REMBOURSEMENT COMPTANT			
51 LESS DEPOSITS MOINS DÉPÔTS			
52 BALANCE DUE SOLDE			
53 CASH COMPTANT			
54 CHARGE À FACTURER			
I ACKNOWLEDGE RECEIPT OF ABOVE AMOUNT J'ACCUSE RÉCEPTION DU MONTANT CI-HAUT MENTIONNÉ X			

200-5 Rev. 6/10

An Independent Licensee of National Car Rental System (Canada), Inc.
Un Licencié indépendant du Réseau National Location d'autos (Canada), Inc.

- 1 Renting Station - Succursale de location 2 Tulsa Shared Services - Services partagés Tulsa
3 Renting Station - Succursale de location 4 Customer - Client 5 File - Dossier

Corrected charge.

10



Merit
Hotel & Suites

MERIT HOTEL
8200 FRANKLIN AVENUE
FORT McMURRAY AB

CARD [REDACTED]
EXPIRY [REDACTED] ****
CARD TYPE [REDACTED]
DATE [REDACTED]
TIME 9269 12:09:23
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL \$412.02

Date :
Time :
Room :
Confirma
Receipt #

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

Dr Kevin Worry

PAYMENT RECEIPT

Date	Description
05-27-14	MasterCard [REDACTED]

CARDHOLDER SIGNATURE

MERCHANT COPY

Room Rate: \$189 / night
Tourism Levy: \$7.56 / night
GST: \$9.45 / night
\$206.01 / night

Guest Signature

Cashier

212

Merit Hotels
8200 Franklin Avenue
Fort McMurray, Alberta, Canada T9H 2H9
Telephone: (780) 714-9444 Fax: (780) 714-9440
Toll Free: (877) 714-9999

Leanne Mutlow

From: Alona Cruz- Farthing <acfarthing@meritfortmcmurray.com>
Sent: Monday, July 14, 2014 4:00 PM
To: Leanne Mutlow
Subject: RE: Folio and receipts copy for refund and new charges

Hello Leanne,

Room rate is \$189 per night
Tourism Levy is \$7.56 per night
GST is \$9.45 per night
Total room rate with taxes is $206.01 \times 2 \text{ nights} = \412.02

Regards,

Alona Cruz-Farthing
Accounting Manager . Merit Hotel & Suites

www.fortmcmurrayhotels.ca www.atlific.com

Behind Our Doors There's Always A Warm Welcome, call us at 1-866-650-FORT (3678)



From: Leanne Mutlow [mailto:Leanne.Mutlow@albertahealthservices.ca]
Sent: Monday, July 14, 2014 3:53 PM
To: 'Alona Cruz- Farthing'
Subject: RE: Folio and receipts copy for refund and new charges

Hello,

Is it possible for you to tell me what the room rate was on the \$412.02 charge and the GST/Tourism Levy to provide to our Finance department? Dr. Worry is required to submit full disclosure with AHS.

Thank you.

Leanne Mutlow
Executive Administrative Coordinator
Office of Dr. Kevin Worry - North Zone Medical Director

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From: Alona Cruz- Farthing [<mailto:acfarthing@meritfortmcmurray.com>]

Sent: Monday, July 14, 2014 3:47 PM

To: Leanne Mutlow

Subject: Folio and receipts copy for refund and new charges

Hello Leanne,

Please see attached refund receipt for the amount of \$564.62

Attached as well is the copy of the folio for \$564.62

Please note that the receipt copy for the new charge amounting to 412.02 was attached on this email.

However we can't issue another folio for the amount of \$412.02 because the guest has already checked out and we can only do the adjustment in passers by.

Unfortunately, passers by account don't have the ability to issue an actual folio, it only create a payment or refund receipt.

Hope this helps.

Thanks ☺

Regards,

Alona Cruz-Farthing

Accounting Manager . Merit Hotel & Suites



From: Reservations [<mailto:reservations@meritfortmcmurray.com>]

Sent: Monday, July 14, 2014 3:25 PM

To: accounting@meritfortmcmurray.com; acfarthing@meritfortmcmurray.com

Subject: FW: Receipt

Hi Alona,

Please see attached the copy of the receipt for the refund transactions of Mr. Worrey Kevin. Leanne Mutlow was asking for a folio which I don't have the access. Can you please explain? ☺

Here is Leanne email address : Leanne.mutlow@albertahealthservices.ca

Thank you.

Pearl

From: Reservations [<mailto:reservations@meritfortmcmurray.com>]

Sent: June-30-14 3:41 PM

To: 'kevin.worry@labertahealthservices.ca'

Subject: Receipt

Dear Mr. Worry,

Good afternoon.

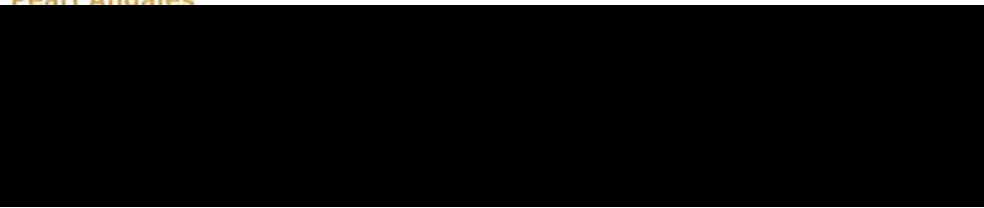
Please find attached the copy of the transactions for the refund and charges of your credit card.

If you need further assistance or questions please do not hesitate to email or call us.

Thank you.

Best Regards,

Pearl Andales



Please consider the environment before printing this e-mail. Think Green!

This message and any attached documents are only for the use of the intended recipient(s). are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Reimbursement
for over-charge



Merit
Hotel & Suit



MERIT HOTEL
8200 FRANKLIN AVENUE
FORT McMURRAY AB

CARD [REDACTED]
EXPIRY [REDACTED]
CARD TY [REDACTED]
ADMN [REDACTED]
DATE 2014/05/27
TIME 0991 12:16:19
RECEIPT NUMBER [REDACTED]

Dr Kevin Worry
[REDACTED]

Date :
Time :
Room :
Confirmat
Receipt #

REFUND
TOTAL

\$564.62

APPROVED

01-027

THANK YOU

MERCHANT COPY

PAYMENT RECEIPT

Date	Description
------	-------------

05-27-14	[REDACTED]
----------	------------

Guest Signature

Cashier

212

Merit Hotels
8200 Franklin Avenue
Fort McMurray, Alberta, Canada T9H 2H9
Telephone: (780) 714-9444 Fax: (780) 714-9440
Toll Free: (877) 714-9999



Merit
Hotel & Suites

BMO✓

11

Dr Kevin Worry

A/R Number

Group Code

Invoice No.

Reference #

Room No.

Page No.

1 of 1

Arrival

05-11-14

Cashier No.

Departure

05-13-14

User ID

Merit Hotel GST #

Date	Description	Charges	Credits
05-11-14	Best Available Rate	259.00	
05-11-14	GST Tax	12.95	
05-11-14	Tourism Levy	10.36	
05-12-14	Best Available Rate	259.00	
05-12-14	GST Tax	12.95	
05-12-14	Tourism Levy	10.36	
05-13-14	MasterCard		564.62
Total		564.62	564.62
Balance		0.00	

GST Tax	Tourism Levy								
25.90	20.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature: _____

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

*overcharge. - reimbursed May 29/14.
Original charge.

Merit Hotels
8200 Franklin Avenue
Fort McMurray, Alberta, Canada T9H 2H9
Telephone: (780) 714-9444 Fax: (780) 714-9440
Toll Free: (877) 714-9444

12

BMO✓

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 28MAY14
PAGE: 1

FOR: DR KEVIN WORRY
AC [REDACTED]

- - - - - I T I N E R A R Y - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	WESTJET AI	3291 Q	HK 30MAY	6:30P	7:19P		
		DH4						
	WESTJET ENCO							

- - - - - C O S T - - - - -

WESTJET AIR	[REDACTED]	(INCL 49.48 TAX)	221.48
*** SUB-TOTAL EXCLUDING GST/HST & APT			221.48
*** TOTAL CHARGES THIS INVOICE ***			221.48
PAYMENT BY	[REDACTED]		221.48
*** BALANCE DUE	[REDACTED]		0.00
BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



(15)

459 Banff Avenue, Banff, Alberta, T1L 1B4
Tel: 403-762-3307 Fax: 403-762-2744

Cdn Foundation Health Care Improvement
Kevin Worry
Canada

Room: [REDACTED]
Folio: [REDACTED]
Cashier: 289
Arrival: 05-29-14
Departure: 05-30-14
Reference:

Group: Cdn Foundation for Health Care Improve

Date	Description	Additional Information	Charges	Credits
05-29-14	Room Charge		229.00	
05-29-14	TIF Tourism Improvement Fee		4.58	
05-29-14	GST Room		11.68	
05-29-14	ATL Alberta Tourism Levy 4%		9.34	
05-29-14	Service Charges		11.45	
05-29-14	GST - Other Revenue		0.57	
05-30-14	Mastercard	[REDACTED]		266.62
Total			266.62	266.62

GST Summary	
Registration No: 100925932	
Room	11.68
F&B	0.00
Other	9.91
Total	21.59

Balance Due 0.00 CDN

Attended meeting Northern Rural or Remote Collaboration

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Audrey Maione

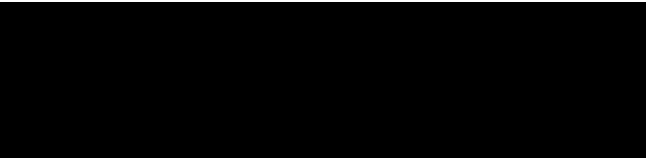
From: Leanne Mutlow
Sent: Monday, July 14, 2014 1:36 PM
To: Audrey Maione
Subject: Rationale for the Accommodation overage on May 29th

Good afternoon,

As an addition to Dr. Worry's P-card statement for approval, the overage for the accommodation charge of May 29th is due to the accommodations in question were arranged by the group running the Canadian Foundation Health Care Improvement meeting. The meeting took place at the hotel.

Thank you.

Leanne Mutlow
Executive Administrative Coordinator
Office of Dr. Kevin Worry - North Zone Medical Director
Alberta Health Services



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INVOICE

Edmonton Regional Airports Authority
1, 1000 Airport Road
Edmonton International Airport, AB, Canada T9E 0V3
Tel: 780-890-8484 Fax: 780-890-8446
Website: www.flyeia.com Email: accounts@flyeia.com

16



Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Customer #: [Redacted]
Invoice #: [Redacted]
Date: June 01, 2014

Contract #: 2011-03 Parking Agreement - Airport Site: YEG

P1 Parkade Parking Stall 1-Jun-14 30-Jun-14 \$150.00

Invoice Subtotal \$150.00
GST \$7.50

Please pay this amount in Canadian funds \$157.50

Edmonton Regional Airport
1, 1000 Airport Rd.
Edmonton AB

Card Type: MASTERCARD
Date: 2014/06/04
Time: 17:38:46
Receipt Number: [Redacted]

PURCHASE TOTAL \$157.50

APPROVED
AUTH: [Redacted] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST#: R128599776
Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on overdue accounts.
Payable in Canadian Funds.

REMITTANCE FORM (include with all payments)

Please make cheques payable to: Edmonton Regional Airports Authority and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: Invoice Date: June 01, 2014 Customer #: Customer Name: Alberta Health Services
Amount Due: \$ 157.50 Due Date: June 01, 2014	Amount Remitted: [Redacted]

ENTERPRISE RENT A CAR, 1 AIRPORT ROAD MODULE 3 BOX 6, FORT MCMURRAY, AB T9H5B4

RENTAL AGREEMENT REF# SUMMARY OF CHARGES

RENTER
WORRY, KEVINDATE & TIME OUT
16/06/2014 12:13 PM
DATE & TIME IN
18/06/2014 07:21 AMBILLING CYCLE
24-HOUR

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	16/06 - 18/06	2	DAY	\$52.00	\$104.00
DW	16/06 - 18/06	2	DAY	\$23.99	\$47.98
RAP	16/06 - 18/06	2	DAY	\$4.99	\$9.98
REFUELING CHARGE	16/06 - 18/06				\$0.00
Subtotal:					\$161.96
Taxes & Surcharges					
CONCESSION RECOVERY FEE	16/06 - 18/06			16.28%	\$26.62
CUSTOMER FACILITY CHARGE	16/06 - 18/06	2	DAY	\$8.00	\$16.00
GST	16/06 - 18/06			5%	\$10.31
VLF	16/06 - 18/06	2	DAY	\$0.79	\$1.58
Total Charges:					\$216.47

Total Amount Due \$0.00

PAYMENT INFORMATION

AMOUNT PAID TYPE
\$216.47 Mastercard

CREDIT CARD NUMBER

6/18/2014

High Level Esso Superstation
10109 96 St.
High Level, AB T0N 1Z0

ESSO EXPRESS PAY

HIGH LEVEL ESSO
00318576
96 STREET
HIGH LEVEL, AB T0H
URN:R809563703
05/23/2014 442388660
11:05:37 AM

PUMP# 2
EREG 54.057L
PRICE/L 1.289
FUEL TOTAL \$ 69.68

GST in fuel \$ 3.92
CREDIT \$ 69.68

TYPE: PURCHASE
ACCOUNT: HCARDFLEET \$69.68
AU [REDACTED]
CA [REDACTED]
COUNT: 0
VERIFIED BY PIN
A- MasterCard
B- A0000000001010
01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

Thank You!
Have a Wonderful Day!

SUBWAY STORE# 53231
401 MAIN STREET
HANNING, AB

Term ID: 20626569

Purchase

MASTERCARD

Total: \$ 13.61

2014/05/21 16:35:38

Seq #:

Appr Code:

Resp Code: 01/027

12 00 03 10 55 04 44 CD
00 00 00 00 00
E0 00
C7 3F C0 1E D0 15 0A EF

APPROVED
Thank You

Customer Copy

- IMPORTANT -
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JUGO JUICE Calgary International Airport
Gale A

Tbl:0

5/29/2014 10:56 am

2 South West Wrap 13.50

SubTotal 13.50

GST 0.68

Total 14.18

Mastercard 14.18

Amount Paid 14.18

JUGO JUICE Calgary International Airport
2000 Airport Road NE, Concourse A
Calgary, AB T2E 6W5
Canada
(403) 717-1860

Thanks for visiting Jugo Juice
Please come again

G.S.T. # 819854290RT0001

**

Grand sponsor of the Post-Market

Store # 53231
Subway M
401 Main
Hanning
780 83
Trans
Dwr1

tkg 05/21/14 16:34:52
53231

tdh2m0

ChTerID 85 13 8 75 22125
BTL WATER 2.21 10049
SBC1607R 1.90 19252
Rounding 0.00 55005

SUBTOTAL 12.85
Sales Tax 0.64
Tax B 0.10
Tax C 0.02

TAKE-OUT **TOTAL \$ 13.61
CredCardAMT TEND \$ 13.61

CHANGE DUE\$ 0.00

How'd we do? Get a free cookie
Take 1 min. survey @www.tells.subway.com

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N 1C2
780-462-3456

Term ID: 4502412478247
Item #: 1045
MasterCard
PURCHASE

AID: A00000000041010

APPROVED

AMOUNT CAD\$ 12.00
TIP CAD\$ 2.40

TOTAL CAD\$ 14.40

TUR: 4000000000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/05/21 Time: 07:15
Response: AUTH 091555

CUSTOMER COPY

13

WELCOME

Shell Canada
291 SAKITAWAY TRAIL
T9H 5E7
FORT MCMURRAY AB

PURCHASE

INV No. 2160791911
2014/06/18 07:02

Bronze
PUMP No. 08
LITRES 34.787
PRICE/L \$1.359
TOTAL FUEL \$47.28
01 APPROVED -
YOU 001
APPROVAL No.
TERMINAL No.
89216070
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.25
No. 137406032RT

TOTAL SALE \$47.28

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$25 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

14

TAXI TAXI BANFF
181 QML ST PO BOX 2502
B1A1A AB

Term ID: 06129965

Purchase

MASTERCARD

Entry Method: C

Amount: \$ 7.00

Tip: \$ 2.00

Total: \$ 9.00

2014/06/30

07:52:59

APPROVED

Thank You

Customer Copy

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