

## AHS Board and Executive Expense Report

**Name** Dr. Kevin Worry  
**Title** Zone Medical Director North Zone  
**Location** Spruce Grove

Expenses submitted during the month of July 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-16	P-Card	Meetings		10	212	289	511			
Jul-16	Direct Billing	Meetings	755				755			
<b>Total</b>			\$ 755	\$ 10	\$ 212	\$ 289	\$ 1,266	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,266

Maximum daily single meal expense claimed in the month \$ 10  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
WORRY, KEVIN Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period:	20/07/2016
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$511.02
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/06/2016		NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	158.87	CAD	158.87	7.57		Car rental in Peace River Re: Northern Alberta Summit
21/06/2016		IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36	.00	Parking Paid at Seventh Street Plaza Re: Peace River PCN Discussion
21/06/2016		ADOBE, COMPUTER SOFTWARE STORES	20.99	USD	27.62	.00	.00	Adobe PDF converter subscription payment
22/06/2016		IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid at Seventh Street Plaza Re: Dr. Mador 1:1 and ZEL meeting
27/06/2016		IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	.00	Parking Paid Re: CMO offsite Meeting
29/06/2016		IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking Paid at Seventh Street Plaza Re: M/IT Executive Committee Meeting
30/06/2016		SHELL, FUEL DISPENSER, AUTOMATED	5.00	CAD	5.00	.00		Gas Refill for rental car Re: Fort McMurray visit and meeting with Alberta health
06/07/2016		IMPARK00020483U, AUTOMOBILE PARKING LOTS AND GARAGES	16.00	CAD	16.00	.76	.00	Parking Paid Re: Joint Venture Council
08/07/2016		CARRIAGE HOUSE INN, LODGING HOTELS, MOTELS, RESORTS	212.19	CAD	212.19	10.10		Hotel paid in Calgary Re: Dr. Belanger 1:1/Dr. Nichol 1:1/ Bill Hondas 1:1/ Michael Cleghorn 1:1
08/07/2016		AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking Paid in Southport Calgary Re: Dr. Belanger 1:1, Dr. Nichol 1:1, Bill Hondas 1:1 and Michael Cleghorn 1:1
12/07/2016		ADOBE, COMPUTER SOFTWARE STORES	-20.99	USD	-26.77	.00	.00	Refund for Adobe pdf converter Re: this subscription was cancelled
13/07/2016		IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00	1.48	.00	Parking Paid at Seventh Street Plaza Re: Dr. Mador/Dr. Worry 1:1

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/07/2016		OLLY FRESCO S, EATING PLACES, RESTAURANTS	9.50	CAD	9.50	.45		Lunch Paid at Olly Frescos Re: Dr. Belanger 1:1/ Bill Hondas 1:1/ Dr. Nichol 1:1/ Michael Cleghorn 1:1

**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.

Keana Bridgeman

Name of Cardholder Designate

Keana Bridgeman

Signature of Cardholder Designate

Exec Admin Coordinator

Cardholder Designate Position/Title

15-July-2016

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.

WORRY, KEVIN

Name of Cardholder

MEDICAL DIRECTOR - NORTH

Cardholder Position/Title

Kevin Worry

Signature of Cardholder

15-July-2016

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. Francois Belanger

Name of Approver

Francois Belanger

Signature of Approver

VP Quality + CMO

Approver Position/Title

Aug 3, 2016

Date of Signature

**Submit approved statement with 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

**Address:**

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

Car rental re: Peace River  
NASC Summit

3ST/HST R103630562

Renter Name KEVIN MORRY

Rental Location  
PEACE RIVER ARPT  
MELS U-DRIVE (1978) LTD  
PEACE RIVER AIRPORT, BOX 5135  
PEACE RIVER AB T8S1S7

16-JUN-2016 08:50 AM

ALBERTA HEALTH SERVICES  
Contract ID

Return Location  
PEACE RIVER ARPT

17-JUN-2016 05:30 PM

Hope you enjoyed your free upgrade

Vehicle #  
Model TERRAIN  
Class Driven SRAR  
Class Charge ICAR  
License#  
State/Province ALBERTA  
M/Kms Driven 34  
M/Kms Out 14240  
M/Kms In 14274

Charges

No	Unit	Price/Unit	Amount
2	Days	52.88	105.76 *
34	M/Kms	0.38	12.92 *
		118.68	-17.80 *
2	Days	21.00	42.00 *
2	Days	146.38	12.49 *
		1.75	3.50 *

TIME & DISTANCE  
EXTRA MILES/KM - TIME & DISTANCE  
DISCOUNT - TIME & DIST 15.00%  
LDW  
CONCESSION RECOUP PER 8.51 PCT  
VEH LIC RECOUPMENT 1.75/DAY

Rate Info

Messages

\* Taxable Items  
Subject to Audit  
Your Emerald Club Number is

Total Charges

CAD 158.87

Payments

Master Card

AUTH:

16-JUN-2016 217.06

Payment

-158.87

Customer Service Number 1-800-468-3334

Emerald Club rental credits will be posted within 24 hours

Amount Due

CAD 0.00

Parking Paid at SSP re: Peace River PCN DISCUSSIONS

TICKET \* ON DASH

Impark

IMPARK  
PHONE 780-420-1976

EVENTING PARKER

Meter: 01 383  
no in and out privileges  
Time: 5:30 P JUN 21

Price: 5.25

Card [REDACTED]  
Exp: [REDACTED]  
Exp: [REDACTED]

6:00AM WED  
JUN 22 16

GST NO. E87315638R10006  
INSTRUCTIONS ON BACK

TICKET VOID IF RE-SOLD

PLACED THIS SIDE UP ON DASH

LD PLAK

\$7.50

**INVOICE**



Remit To:  
Adobe Systems Incorporated  
75 Remittance Drive  
Suite 1025  
Chicago, IL 60675-1025  
Wires To:  
ABA#: 071000152  
Acct#: 30160895

Federal Tax ID 77-0019522

*Paid re: Acrobat Pdf converter.*

Bill To:  
Kevin Worry



Reprint Page 1 of 1

Invoice Number: [Redacted]

Invoice Date: JUN-21-16

Payment Terms: Credit Card

Due Date: JUN-28-16

Purchase Order: [Redacted]

Contract No [Redacted]

Order Number: [Redacted]

Order Date: JUN-21-15

Customer No.: [Redacted]

Bill to No. [Redacted]

Adobe Contact Information:

<https://helpx.adobe.com/contact.html>

GST

892147950RT0001

Line No	Material No / Description	UOM	Unit Price	Qty	Extended Price	
000010	[Redacted] Acrobat.com ALL OTH Anual Hostd Web Spt1 MUN EXPORTPDF	EA	19.99	1	19.99	
<b>North America</b>		<b>Invoice Totals</b>				
		S & H	GST	Currency	Qty Shipped	Invoice Total
		0.00	1.00	USD	1	20.99

Comments:

Parking Paid at Seventh Street Plaza Re: Dr. Mador 1:1 &  
ZEL Meeting.

TICKET VOID IF RE-SOLD

IMPARK  
PHONE 780-420-1976  
EVENING PARKER  
Meter: 01 883  
no in and out privilege  
Time 2:50 JUN 22

Price: \$15.00  
Card  
Exp.  
Exp.

OID IF RE-SOLD

6:00AM THU  
JUN 23 16

GST NO. 587315638R10006  
INSTRUCTIONS ON BACK

PLACE THIS SIDE UPON DASH

\$15.00

PLACE THIS SIDE UP

Parking Paid Re: CMO OFFSITE Meeting

TICKET VOID UP ON DASH

**Impark**

IMPARK  
PHONE 780-420-1976

EARLY BIRD

Meter: 01 383  
no in and out privileges  
Time: 8:16A JUN 27

Price: \$23.00  
Card: [REDACTED] **\$23.00**  
Exp: [REDACTED]  
Exp: [REDACTED]

TICKET VOID IF RE-SOLD PLEASE THIS SIDE UP ON DASH

**6:00AM TUE  
JUN 28 16**

GST NO. 587815638RT0006  
INSTRUCTIONS ON BACK

P.L.



Parking Paid at SSP re: IM/IT Executive Committee meeting.

TICKET VOID IF RE  
TICKET VOID IF RE

IMPARK  
PHONE 780-420-1976

EARLY BIRD  
Meter : 101 383  
no in and out privileges  
Time: 6:18A JUN 29

Price: 578.00  
Card: [REDACTED]  
Exp: [REDACTED]  
Exp: [REDACTED]

6:00PM WED  
JUN 29 16

GST NO. 687315638RT0006  
INSTRUCTIONS ON BACK

PLACE HERE TO ATTACH TO DASH  
PLACE HERE TO ATTACH TO DASH

\$18.00

Gas refill re: Fort McMurray meeting and site visit with Alberta Health.

SHELL CANADA PRODUCTS  
291 SAKITAWAN TRAIL  
FORT MCMURRAY, AB T9H 5E7  
(780) 715-9093  
( DUPLICATE RECEIPT )

Tax Description	Qty	Amount
F Bronze No. 4 4.68 L @ \$1.069/ L		\$5.00
AIR MILES	1	\$0.00
	Sub Total	\$5.00
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
	<b>TOTAL</b>	<b>\$5.00</b>
	MASTERCARD:	\$5.00
	Change	\$0.00

██████████  
MASTERCARD  
CHASE C

Card No. ██████████  
16/06/30 13:23  
MasterCard

NOT APPROVED - THANK  
YOU GO!

APPROVAL No. ██████████  
TERMINAL No. ██████████

VERIFIED BY PIN

IMPORTANT  
retain this copy for  
your records

AIR MILES

Card Num: ██████████  
terminal: 21607



Hotel Found Re: Dr. Belanger 1-1 / Dr. Nichol 1-1 / Bill Handys 1-1 / Michael  
Cleghorn 1-1 in Calgary.

Page No. 1



# Carriage House Inn

9030 Macleod Trail S., Calgary, Alberta, Canada T2H 0M4 Phone: (403) 253-1101 Fax: (403) 259-2414 Toll Free: 1-800-661-9566 www.carriagehouse.net

Guest Name: Kevin W Worry  
Alberta Health Services

Room #: [REDACTED]  
Folio #: [REDACTED]  
Group #:  
Guests: 1  
Clerk: DONNA

Arrive: 07/07/16 Time: 10:26 PM Depart: 07/08/16 Time: 02:16 PM Status: HIST

Date	Description	Reference	Comment	Charges	Credits
07/07/2016	ROOM CHARGE	[REDACTED]		\$189.00	\$0.00
07/07/2016	ALBERTA MARKETING I	[REDACTED]	ALBERTA MARKETING LEVY	\$7.79	\$0.00
07/07/2016	ROOMS GST TAX	[REDACTED]	ROOMS GST TAX	\$9.73	\$0.00
07/07/2016	DESTINATION MARKETI	[REDACTED]	DESTINATION MARKETING FEE	\$5.67	\$0.00
07/08/2016	PAY MASTERCARD	[REDACTED]		\$0.00	-\$212.19
				Folio Balance:	\$0.00

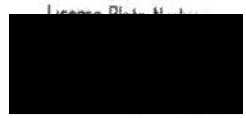
Signature: \_\_\_\_\_

*"We Take Great Care of You"*

2% Per month is added to outstanding balance on overdue accounts.  
Regardless of charge instructions, the undersigned guest acknowledges any charges incurred are a personal indebtedness. All accounts are due when rendered.  
C.S.T. # R119507069

Parking Paid re: Dr. Belanger 1:1, Dr. Nichol 1:1, ~~Dr. Hordas~~ 1:1,  
Michael Cleghorn 1:1.

**RECEIPT**  
Southland Park IV  
Southport Tower



Expiration Date/Time  
**07:57 AM**  
**JUL 09, 2016**

Purchase Date/Time: 07:57am Jul 08, 2016  
Total Due: \$15.00      Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00      Payment Type: Card  
Ticket # [REDACTED]  
S/N #: [REDACTED]  
Setting: 371 wireless  
Mach Name: [REDACTED]

[REDACTED] MasterCard  
www.ahs.ca  
DO NOT PLACE ON DASH

CREDIT MEMO



Remit To:  
Adobe Systems Incorporated  
75 Remittance Drive  
Suite 1025  
Chicago, IL 60675-1025  
Wires To:  
ABA#:  
Acct#:

Federal Tax ID 77-0019522

*Refund Re: PDF converter no longer needed  
Subscription cancelled.*

Bill To:  
Kevin Worry

Reprint Page 1 of 1  
Invoice Number:  
Invoice Date: JUL-12-16  
Payment Terms: Credit Card  
Due Date: JUL-19-16  
Purchase Order:  
Contract No  
Order Number:  
Order Date: JUL-12-16  
Customer No.:  
Bill to No.  
Adobe Contact Information:  
eCommerce - Interco. +1 408 536 5000

GST 892147950RT0001

Line No	Material No / Description	UOM	Unit Price	Qty	Extended Price
000010	Acrobat.com ALL OTH Anual Hostd Web Spt1 MUN EXPORTPDF SERVICE PERIOD: JUN-21-16 to JUN-20-17	EA	19.99	1	19.99
North America			Invoice Totals		** Credit **
			S & H	GST	Currency
			0.00	1.00	USD
			Qty Shipped	Invoice Total	
			1	20.99	

Comments:

Parking Paid Re: Dr. Mader/Dr. Worry 1:1

TICKET VOID IF RE-SOLD

IMPARK  
PHONE 780-426-1976

DAILY RATE

Mater: 01 383  
no in and out privileges  
Time: 12:47P JUL 13

Price: \$31.00  
Card: [REDACTED]  
Exp: [REDACTED]  
Exp: [REDACTED]

6:00AM THU  
JUL 14 16

GST NO. 687515638RT0006  
INSTRUCTIONS ON BACK

THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

\$31.00

Lunch Paid: Re: Meeting in Calgary with Dr. Belanger 1:1 /  
Dr. Nichol 1:1, Bill Hondas 1:1 and Michael Elghom  
Detailed receipt missing.

OLLY FRESCO'S  
#120 10301 SOUTHPO T2W1S7  
CALGARY AB  
21687590  
GP2168759003

\*\*\*\* PURCHASE \*\*\*\*

07-08-2016 11:47:05  
Acct # [REDACTED]  
Exp Date \*\*/\*\* Card Type MC  
Name: KEVIN WORRY  
[REDACTED] MasterCard

Trace # [REDACTED]  
Inv. # [REDACTED]  
Auth # [REDACTED]

Total \$9.50

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
copy

OLLY FRESCO'S INC  
10301 SOUTHPORT LANE  
PHONE: 403 259 - 3002  
FAX: 403 259 - 4002  
DATE 07/08/2016 FRI TIME 11:08

\$1.89 SNACK T1	\$1.89
MISC TAXABLE T1	\$7.14
SUBTOTAL	\$9.03
GST	\$0.45
TOTAL	\$9.50
Deb/Crd CARD	\$9.50

THANKYOU!  
# 00157



The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 r **Choose from Drop-down List**

<b>Name :</b> Dr. Kevin Worry	<b>Reporting Period for the Month of :</b> September
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-06-16	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary and return for meeting with Countess of Wessex	Marlin Travel	428.91
22-04-16	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary for PPEC	Marlin Travel	325.88
<b>Total Paid in the Month</b>					<b>\$ 754.79</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 17, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR KEVIN W WORRY  
AC [REDACTED]

Wednesday, June 22, 2016

### Air

WESTJET AIRLINES **Flight:** 3288 M CLASS  
**From:** EDMONTON INTL AB 08:45 PM **Equipment:** DH4  
**To:** CALGARY AB 09:41 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 22Jun16  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

### Air

WESTJET AIRLINES **Flight:** 3149 M CLASS  
**From:** CALGARY AB 10:50 PM **Equipment:** DH4  
**To:** FT MCMURRAY 12:20 AM **Mile(s) Flown:** 400  
**Stops:** 0 **Arrival:** 23Jun16  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Friday, June 24, 2016

### Air

AIR CANADA **Flight:** 8385 G CLASS  
**From:** FT MCMURRAY 02:00 PM **Equipment:** D8 (300 SERIES)  
**To:** EDMONTON INTL AB 03:11 PM **Mile(s) Flown:** 240  
**Stops:** 0 **Arrival:** 24Jun16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

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

Invoice Number: [REDACTED]  
Date: June 17, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Friday, June 24, 2016

TICKET NUMBER [REDACTED]  
SEAT 6C

**Cost:**

TKT- [REDACTED]	[REDACTED]	175.57
	<b>Tax:</b>	49.48
	<b>Ticket Total:</b>	<b>225.05</b>
AIR CANADA WEB [REDACTED]	[REDACTED]	166.38
	<b>Tax:</b>	37.48
	<b>Ticket Total:</b>	<b>203.86</b>

**Total:**

<b>Grand Total:</b>	428.91
<b>Less Credit Card Payments:</b>	428.91
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: April 22, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR KEVIN W WORRY

Wednesday, May 4, 2016

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 04May16  
AIR CANADA E  
AIR CANADA CON [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 6D

Flight: 8133 G CLASS  
07:10 AM Equipment: D8 (300 SERIES)  
08:05 AM

Mile(s) Flown: 163

### Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 04May16  
AIR CANADA E  
AIR CANADA CON [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9C

Flight: 8150 G CLASS  
03:25 PM Equipment: DH4  
04:15 PM

Mile(s) Flown: 163

### Cost:

AIR CANADA WEB 2161632274

[REDACTED] 250.92  
Tax: 74.96  
Ticket Total: 325.88

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

Invoice Number: [REDACTED]  
Date: April 22, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	325.88
<b>Less Credit Card Payments:</b>	325.88
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.