

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 November 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-16	P-Card	Meetings			311	180	491		15	
Nov-16	Direct Billing	Meetings	1,119				1,119			
Total			\$ 1,119	\$ -	\$ 311	\$ 180	\$ 1,610	\$ -	\$ 15	\$ -

Total for the Month \$ 1,625

Maximum daily single meal expense claimed in the month

Maximum daily base hotel rate claimed in the month \$ 146

Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

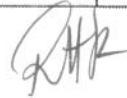
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:			
<ul style="list-style-type: none"> • 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:	20/11/2016
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$506.00
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
21/10/2016		EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	10.00	CAD	10.00	46		Parking paid re: annual fall forum at Westin Hotel
22/10/2016		EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	12.00	CAD	12.00	57		Parking paid re: annual fall forum advisory council at the westin hotel
24/10/2016		PPL PARKING U OF ALBER, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	67		Parking paid re Medical Leader Retreat at AON Room Alumni House
24/10/2016		PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	8.00	CAD	8.00	38		Parking paid re: Quality Summit Evening Reception at the Hotel Alma Senate room in Calgary
25/10/2016		PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	20.00	CAD	20.00	95		Parking paid re: Quality Summit at the MacEwan Conference and Event Centre in Calgary
28/10/2016		HAMPTON INN AND SUITES, LODGING HOTELS, MOTELS, RESORTS	159.44	CAD	159.44	00	00	Hotel paid re: Quality Summit & Physician Compact Community of Practice in Calgary
27/10/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	96	00	Parking paid re: David Mador 1:1 Meeting in Edmonton
03/11/2016		MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	115	00	Parking paid re: Northern Alberta Leaders Meeting at Seventh Street Plaza in Edmonton
07/11/2016		AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	66		Parking paid re: David Mador 1:1 Meeting at Trendz at MAHI and Edmonton ZMAC Meeting Meeting at WMC in Edmonton
08/11/2016		TIM HORTONS 1570 QTH, FAST-FOOD RESTAURANTS	14.80	CAD	14.80	70	00	Lunch paid re: Grand Opening of New Edson Healthcare Centre in Edson
09/11/2016		SHELL, FUEL DISPENSER, AUTOMATED	9.00	CAD	9.00	00		Fuel paid re: Driving to FMM airport to return home re: Chief Meeting with Dr. Worry in FMM
10/11/2016		MERIT HOTEL & SUITES, LODGING HOTELS, MOTELS, RESORTS	151.51	CAD	151.51	721		Hotel paid re: Chief Meeting with Dr. Worry
10/11/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	124	00	Parking paid re: Quarterly Update ZEL North Zone Meeting at SSP in Edmonton
17/11/2016		MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	114	00	Parking paid re: David Mador 1:1 Kevin Worry meeting at SSP in Edmonton



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. 		
<u>Amanda Lippert</u> Name of Cardholder Designate <u>A. Lippert</u> Signature of Cardholder Designate	<u>EAC</u> Cardholder Designate Position/Title <u>Nov 28, 2016</u> 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. 		
<u>WORRY, KEVIN</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title <u>Nov 28, 2016</u> 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. 		
<u>RUTH HOLLAND RICHARDSON</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>2016/11/29</u> 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. 		
<u>DR. F. BELANGER</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>VP QUALITY & CMO</u> Approver Position/Title <u>Dec 2016</u> 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: <ul style="list-style-type: none"> • 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: _____

Oct 22 2016

Parking paid

Re: Annual full forum advisory council
at the Westin Hotel.

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010b
Plate: [REDACTED] Zone: 7010
LP - P1 North Wall
Valid through:
SATURDAY 22 OCT 16
12:00 AM
Amount Paid: \$10.00 (GST incl.)
Start Time: 10/21/2016 5:14 PM
Trn:
Auth No: [REDACTED]
Receipt No: [REDACTED]

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

✓

Oct 22 2016

Parking paid

re: Annual Fall Forum advisory
council at the Westin Hotel.

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010b
Plate: [REDACTED]
LP - P1 North Wall
Valid through:
SATURDAY 22 OCT 16
6:22 PM

Zone: 7010

Amount Paid: \$12.00 (GST incl.)
Start Time: 10/22/2016 1:11 PM
Trn: [REDACTED]

Auth No: [REDACTED]
Receipt No: [REDACTED]

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

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Oct 24 2016 - Parking Paid
Medical Leader Retreat
at AON Room - Alumni House
11515 Saskatchewan Drive


DISPLAY THIS SIDE UP ON DASHBOARD


DETACH RECEIPT FROM TICKET
RECEIPT GST # R108102831

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
25/10/16	06:00	24/10/16	08:25	\$14.00

AMOUNT PAID \$14.00

CREDIT CARD NUMBER [REDACTED]

 **UNIVERSITY OF ALBERTA**
NON TRANSFERABLE
NON REFUNDABLE

 **UNIVERSITY OF ALBERTA**
NON TRANSFERABLE
NON REFUNDABLE

✓

Oct 24 2016 .

Parking paid

Re: Quality Summit Evening Reception
at the Hotel Alma Senate Room
Calgary .

ASH FACE UP	PLACE ON DASH FACE UP	PLACE ON
Terminal: 3B		TERMINAL: 3B
Plate: [REDACTED]		PLATE [REDACTED]
Valid through: MONDAY 24 OCT 16 10:11 PM		VALID THROUGH: 24OCT16 10:11 PM
AMOUNT PAID: \$8.00		AMOUNT PAID: \$8.00
ENTRY TIME: 10/24/2016 8:11 PM		ENTRY TIME: 10/24/2016 8:11 PM
RECEIPT NO: [REDACTED]		RECEIPT NO: [REDACTED]

UNIVERSITY OF CALGARY

0-0155 **P** **P** **P** **P** 005

✓

Oct 25 2016
Parking paid
Re: Quality Summit
at the MacEwan Conference & Event Centre
Calgary.

PLACE ON DASH FACE UP		PLACE ON DASH FACE UP	
Terminal: IC_CWT		Terminal: IC_CWT	
Plate: [REDACTED]		Plate: [REDACTED]	
Valid through:		VALID THROUGH:	
TUESDAY 25 OCT16		25OCT16	
11:59 PM		11:59 PM	
AMOUNT PAID: \$20.00	RECEIPT NO: [REDACTED]	AMOUNT PAID:	\$20.00
ENTRY TIME: 10/25/2016 10:09 AM		ENTRY TIME:	10/25/2016 10:09 AM
		RECEIPT NO:	[REDACTED]
P	P	P 0030-0854	P





HAMPTON INN & SUITES CALGARY
 2231 BANFF TRAIL NW
 CALGARY, AB T2M4L2
 Canada
 TELEPHONE 403-289-9800 • FAX 403-289-9200
 Reservations
 www.hamptoninn.com or 1 800 HAMPTON

WORRY, KEVIN

Room No: [REDACTED]
 Arrival Date: 10/24/2016 9:04:00 PM
 Departure Date: 10/25/2016 11:38:00 AM
 Adult/Child: 1/0
 Cashier ID: [REDACTED]
 Room Rate: 146.28
 AL:
 HH #
 VAT #
 Folio No/Che [REDACTED]

Confirmation Number [REDACTED]

HAMPTON INN & SUITES CALGARY 11/23/2016 3:38:00 PM

DATE	Transaction ID	DESCRIPTION	GUEST CHARGES
10/24/2016	[REDACTED]	GUEST ROOM	\$146.28
10/24/2016	[REDACTED]	ROOM TAX	\$5.85
10/24/2016	[REDACTED]	GST 129123600 RT 0004	\$7.31
10/25/2016	[REDACTED]	MC [REDACTED]	(\$159.44)
BALANCE			\$0.00

	Revenue	Tax
Total Invoice Amount	\$146.28	\$13.16

CREDIT CARD DETAIL

APPR CODE	[REDACTED]	MERCHANT ID	82022190029
CARD NUMBER	[REDACTED]	EXP DATE	03/19
TRANSACTION ID	[REDACTED]	TRANS TYPE	Sale

Oct 25 2016
 Hotel paid
 Re: Quality Summit &
 Physician Compact Community of
 Practice
 Calgary.

✓

Oct 27 2016

Parking paid

re: David Mador 1:11
meeting at Seventh Street Plaza
in Edmonton.

OCT. 27

RECEIPT
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
OCT 27, 2016

Purchase Date/Time: 08:18am Oct 27, 2016

Total Parking: \$17.14

Total GST: \$0.86

Total Due: \$18.00

Total Paid: \$18.00

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot 383

Mach Name: Meter 1

Rate: \$18- EarlyBird
Payment Type: Card

MasterCard

Auth #: [REDACTED]

GST #887315638RT0006
IMPARK LOT 383

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

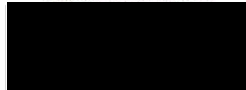


Nov 3 2016
Parking paid

Re: Northern Alberta Leaders meeting at Seventh Street Plaza in Edmonton. Nov. 03.

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
NOV 03, 2016

Purchase Date/Time: 08:20am Nov 03, 2016

Total Parking: \$23.81

Total GST: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot 256

Mach Name: Meter 1

MasterCard

Auth #: [REDACTED]

GST #887315638RT0006

IMPARK
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

✓

Nov. 07

AHS UAH PARKADE EAST
8440-112 STREET T6G2B7
EDMONTON AB
20733436

|||| PURCHASE ||||

11-07-2016 10:32:29
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
[REDACTED] MasterCard

Trace # [REDACTED]
Auth # [REDACTED] RRN [REDACTED]

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

UNIVERSITY OF ALBERTA
HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #1
Rcpt# [REDACTED]
11/07/16 10:31 L# 1 A# 2 Txn# 57195
11/07/16 07:25 In 11/07/16 10:31 Out
Tkt# [REDACTED]
UAH Fee #1 \$ 14.25
Total Fee \$ 14.25
MASTER CARD \$ 14.25-
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:
parkingedmonton@
albertahealthservices.ca

Nov 7 2016
Parking Paid
Re: David Mador 1:1 meeting
at Trendz at MAHL
in Edmonton

and
Edmonton ZMAE meeting
at WMC



Nov 8 2016

Travel

Lunch (Leanne & Amanda)

Grand Opening of New Edson Healthcare Centre
in Edson

Nov. 09

Tim Hortons

East End Location
4213 3rd Ave. Edson, AB.
Always Fresh . Since 1964

1 Wrap-Grid Chipotle Chickn	\$4.99
1 Wrap-Grid Chipotle Chickn	\$4.99
1 Large Bottle Diet Pepsi	\$2.19
1 Deposit	\$0.10
1 Recycling	\$0.02
1 Bottle Water	\$1.69
1 Deposit	\$0.10
1 Recycling	\$0.02
Subtotal:	\$14.10
GST: \$0.70 PST:	\$0.00
GrandTotal:	\$14.80
Master Card:	\$14.80
Change Due:	\$0.00

Take Out # 310 200 Cashier

Thanks for stopping by!

Tell us how we did at

www.telltimhortons.com 1-888-601-1616

Tue Nov 8, 2016 14:50:22

Receipt #: [REDACTED]

GST #837193762

MASTER CARD

Card Entry:CHIP

Sequence [REDACTED]

Trans Type:Purchase

\$14.80

Term #:

203

Ref #:

Application Label:

AID #:

TVR #:

TSI #:

Auth #: [REDACTED]

By entering a verified PIN, cardholder agrees
to pay issuer such total in accordance with issuers
agreement with CardHolder.

Guest Copy

REPRINT RECEIPT



WELCOME

Shell Canada
291 SAKITAWAY TRAIL
T9H 5E7
FORT MCMURRAY AB

Nov. 09

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2016/11/09 15:01
MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]
AID [REDACTED]

Term: [REDACTED]

Reference: [REDACTED]

* You have filled 46
.835 L this month -
get 10 Bonus Miles
@ 225 L + 15 Bonus
Miles @ 500 L with
Refuel Rewards! **

**Visit
roadtorewards.ca
for details.

Bronze
PUMP No. 08
LITRES 8.835
PRICE/L \$1.019
TOTAL FUEL \$9.00
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$0.43
No. 137400032RT

TOTAL SALE \$9.00

STORE: C21607
TRAN: [REDACTED]
2016/11/09 15:02:28

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

Nov 9 2016
Fuel paid
Driving to FMM
airport
re: Chief Meeting
with Dr. Worry.

in Fmm.

(returning
home).



Dr. Kevin W Worry
 [Redacted]

 Room No. [Redacted]
 Arrival : 11-08-16
 Departure : 11-09-16
 Folio No. [Redacted]
 Conf. No. [Redacted]
 Cashier No. [Redacted]
 PO# :
 Job# :
 Cost Center# :

 Guest Name:
 Company Name: Alberta Health Services
 Group Name:
 G.S.T: 84970 2444 RT0014

INFORMATION INVOICE

Date	Description	Charges	Credits
11-08-16	Room Charge	139.00	
11-08-16	Room GST 5%	6.95	
11-08-16	Tourism Levy 4%	5.56	
11-09-16	MasterCard [Redacted]		151.51
Total Charges		151.51	
Total Credits			151.51
Balance			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.

Thank you for staying with us !

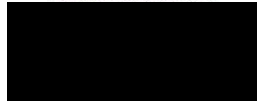
Nov 10 2016
Parking paid
Re: Quarterly
in Edmonton
at SSP.

Nov. 10

Update Zel: North Zone
meeting

RECEIPT
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
NOV 10, 2016

Purchase Date/Time: 09:58am Nov 10, 2016

Total Parking: \$24.76

Total GST: \$1.24

Total Due: \$26.00

Rate: \$26 all day
Payment Type: Card

Total Paid: \$26.00

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #: [Redacted]

GST #887315638RT0006
IMPARK LOT 383

PARKING RECEIPT
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PARKING RECEIPT



Nov.17

Nov 17 2016

Parking paid

Re: David mador 1:1
Meeting at SSP
in Edmonton.

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

12:42 PM

NOV 17, 2016

Purchase Date/Time: 09:42am Nov 17, 2016
Total Parking: \$22.86
Total GST: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Rate: \$24 - 3 hours
Payment Type: Card

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006

PARKING RECEIPT
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Executive Expenses Report Direct Billing Summary

Purpose of This Form:

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 reporting period: YES

Name : Kevin Worry	Reporting Period for the Month of : November
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Nov-16	Direct Billing	Airline Ticket	Roundtrip airfare Edmonton to FMM for Chief Meeting with Dr. Worry in Ft. McMurray	Marlin Travel	580.96
13-Nov-16	Direct Billing	Airline Ticket	Roundtrip airfare Edmonton to FMM for Joint OR Staff and Physician Meeting in Ft. McMurray	Marlin Travel	537.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 1,118.92



Invoice

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

PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	506.00	0.00	\$0.00	74.96	0.00	580.96 CAD
Total:	506.00	0.00	0.00	74.96	0.00	580.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/07/2016		[REDACTED]	580.96 CAD
Total Payment:					580.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL HOSPITAL PROJECT

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

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

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

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KEVIN W WORRY	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

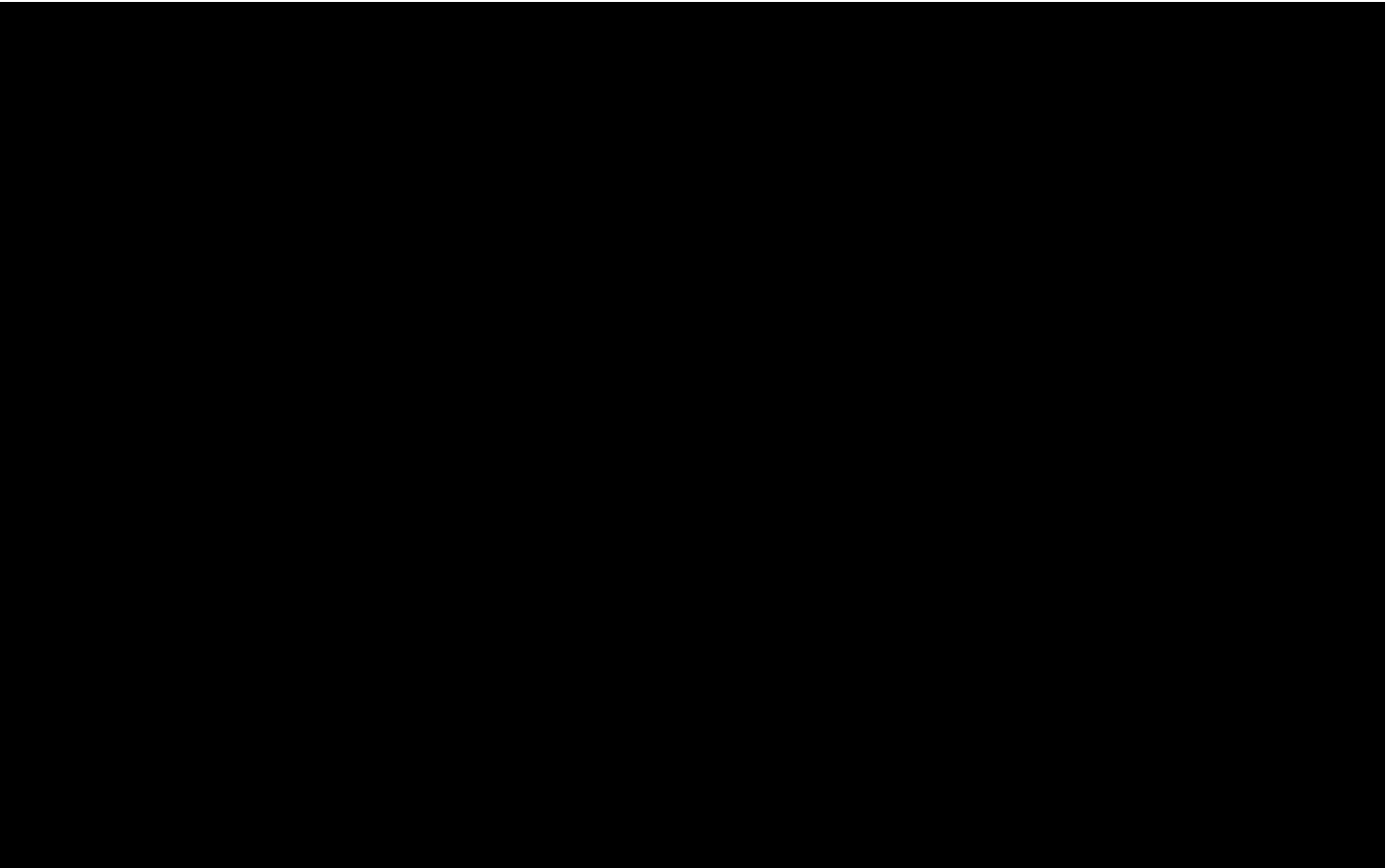


AIR

Passengers: KEVIN W WORRY

Booking Date: 07 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08390	EDMONTON INTL 08 Nov 16 10:20PM		FT. MCMURRAY 08 Nov 16 11:31PM	V/	



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

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

File Locator: [REDACTED]



AIR

Passengers: KEVIN W WORRY

Booking Date: 07 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08385	FT. MCMURRAY 09 Nov 16 4:05PM		EDMONTON INTL 09 Nov 16 5:18PM	M/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 21 Oct 16 Client: [REDACTED] Agent: CASANDRA WAGNER File Locator: [REDACTED]
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PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	271.80	0.00	\$0.00	49.48	0.00	321.28 CAD
AIR CANADA Ticket # [REDACTED]	179.20	0.00	\$0.00	37.48	0.00	216.68 CAD
Total:	451.00	0.00	0.00	86.96	0.00	537.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/19/2016		[REDACTED]	321.28 CAD
	[REDACTED]	10/19/2016		[REDACTED]	216.68 CAD
Total Payment:					537.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL JOINT OR INTEGRATION MEETING

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

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

Trip #: [REDACTED]
Booking Date: 21 Oct 16
Client: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KEVIN W WORRY	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

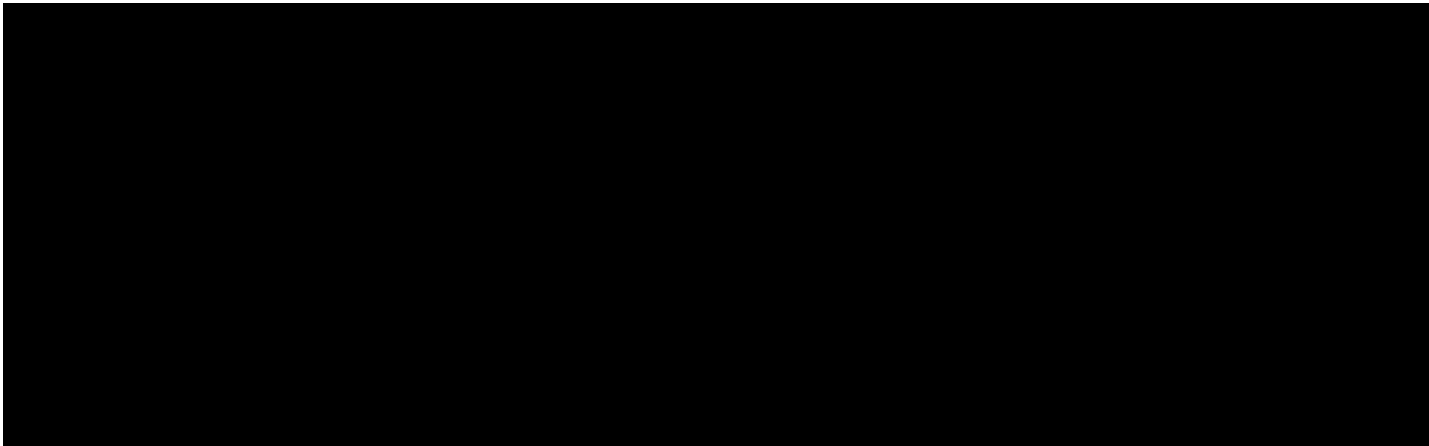


AIR

Passengers:	KEVIN W WORRY	Booking Date:	19 Oct 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03217	EDMONTON INTL 13 Nov 16 5:00PM		FT. MCMURRAY 13 Nov 16 6:10PM	Y/	

Passengers:	KEVIN W WORRY	Booking Date:	19 Oct 16
		File Locator/Ticket #:	[REDACTED]



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

Trip #: [REDACTED]
Booking Date: 21 Oct 16
Client: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

