

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 October 2017

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)
Oct-17	P-Card	Meetings		24	150	144	318			
Oct-17	Expense Claim	Meetings		95			95			
Oct-17	Direct Billing	Meetings	1,686				1,686			
Total			\$ 1,686	\$ 119	\$ 150	\$ 144	\$ 2,099	\$ -	\$ -	\$ -

Total for the Month \$ 2,099

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 134
 Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

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

5) Remuneration, Allowances Reported in the Financial Statements

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

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 317.94								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/14/2017	Dinner Paid - Travel to FMM - Minister Hoffman Tour of Northern Lights Hospital	AB - North Zone	Meals PCard - Dinner In Canada	\$ 24.00			Dinner Paid - Travel to FMM - Minister Hoffman Tour of Northern Lights Hospital	1	1		
9/22/2017	Hotel Paid - Travel to Grande Prairie - Don Hunt Funeral	AB - North Zone	Accommodations	\$ 150.44			Hotel Paid - Travel to Grande Prairie - Don Hunt Funeral	1			
9/22/2017	Parking paid - Travel to Grande Prairie - Don Hunt Funeral	AB - North Zone	Parking - Lot or Parkade	\$ 7.50			Parking paid - Travel to Grande Prairie - Don Hunt Funeral	1			
9/22/2017	Fuel paid - Travel to Grande Prairie - Gas station wouldn't accept ARI card	AB - North Zone	Fuel	\$ 6.00	Spruce Grove	Grande Prairie	Fuel paid - Travel to Grande Prairie - Gas station wouldn't accept ARI card	1			
9/27/2017	Parking paid - Travel to Edm - @ SSP - In person meeting with Drs. Belanger & Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 16.00			Parking paid - Travel to Edm - @ SSP - In person meeting with Drs. Belanger & Joffe	1			
10/5/2017	Parking paid - Travel to Edm - In person meeting @ SSP with Dr. Belanger	AB - North Zone	Parking - Lot or Parkade	\$ 16.00			Parking paid - Travel to Edm - In person meeting @ SSP with Dr. Belanger	1			
10/5/2017	Parking paid - Travel to Edmonton - Lara McClelland Meeting - AHS/AH/NADC - Quarterly Northern Health Roundtable	AB - North Zone	Parking - Lot or Parkade	\$ 15.00			Parking paid - Travel to Edmonton - Lara McClelland Meeting - AHS/AH/NADC - Quarterly Northern Health Roundtable	1			
10/16/2017	Parking paid - Travel to Edm - Meeting @ SSP with Dr. Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 24.00			Parking paid - Travel to Edm - Meeting @ SSP with Dr. Joffe	1			
10/18/2017	Parking paid - Travel to Edm - In person meeting @ SSP with Drs. Joffe & Belanger	AB - North Zone	Parking - Lot or Parkade	\$ 24.00			Parking paid - Travel to Edm - In person meeting @ SSP with Drs. Joffe & Belanger	1			
10/19/2017	Parking paid - Travel to Edm - @ SSP - ZEL Retreat	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking paid - Travel to Edm - @ SSP - ZEL Retreat	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		8-Nov-17							

Sept 2017

EARLS - YMM
240-100 Snowbird Way
Fort McMurray Airport
Fort McMurray AB T9H5B4
780-790-1700

** TRANSACTION RECORD **

Tran. #: [REDACTED]
RUC: Restaurant
Table #: [REDACTED]
Check #: [REDACTED]
Group #: [REDACTED]
Employee #: 18
Employee Name: [REDACTED]

MasterCard
Pre-Auth Purchase
[REDACTED]

Amount \$26.15
Tip \$3.74

TOTAL CAD \$29.89

APPROVED
00-001
[REDACTED]
2017/09/13 16:51:49
[REDACTED]

No signature required
Customer Copy
THANK YOU
Come Again

Claiming only \$24.00. The remaining \$5.89 was reimbursed by Dr. Worry

DATE PRINTED

RECEIPT

QE II Parking
Grande Prairie, Alberta

License Plate Number
[REDACTED]

Expiration Date/Time

12:55 PM
SEP 23, 2017

Purchase Date/Time: 12:55pm Sep 22, 2017
Total Due: \$7.50 Rate: \$7.50-Daily-24 hrs
Total Paid: \$7.50 Payment Type: Card
Ticket [REDACTED]
S/N [REDACTED]
Setting: QE II Hospital
Mach Name: NO-QEII-001

MasterCard
Auth [REDACTED]

Parking Rates are
GST Exempt

CENTRE WEST ESSO

CENTRE WEST ESSO
11918 99 AVENUE
GRANDE PRAIRIE, AB T8U 0C7

ESSO EXPRESS PAY

2017-09-22 17:12:23

TRANS #: [REDACTED]
STATION#: 00302886
GST #: R876975210

PUMP 8
EREG \$ 6.00
5.665L AT \$1.059/L

GST INCLUDED \$ 0.29

TOTAL \$ 6.00

TYPE: PURCHASE
MCARDELEET

INVOICE NO: [REDACTED]
AUTH: [REDACTED]

MASTERCARD

[REDACTED]

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE
EARNED 6 ESSO EXTRA
POINTS. YOUR FIRST
REWARD STARTS AT 150
POINTS.
PICK ONE UP IN STORE
OR VISIT
ESSOEXTRA.COM

RECONCILIATION ID:
[REDACTED]

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

- CUSTOMER'S COPY -

Pomeroy Lodging LP o/a GP Pomeroy Hotel

GST #855473310 RT0014

11633 100th Street

Grande Prairie, AB T8V 3Y4

Telephone: (780)532-5221 Fax: (780)532-5441

Nov 07, 2017
1:52 pm

KEVIN W WORRY

Folio # [REDACTED]
Room Number [REDACTED]
Rate: \$134.00
Pay Method: [REDACTED]

Arrival Date: Thursday, September 21, 2017

Departure Date: Friday, September 22, 2017

Member # [REDACTED]

Date	Department	Reference	Voucher	Room	Debit	Credit
9/21/2017	ROOM CHARGE	Auto Posted		[REDACTED]	\$134.00	
9/21/2017	G.S.T - ROOM	Auto Posted		[REDACTED]	\$6.70	
9/21/2017	HOTEL TAX	Auto Posted		[REDACTED]	\$5.36	
9/21/2017	D.M.F. FEE	Auto Posted		[REDACTED]	\$4.02	
9/21/2017	G.S.T - ROOM	Auto Posted		[REDACTED]	\$0.20	
9/21/2017	HOTEL TAX	Auto Posted		[REDACTED]	\$0.16	
9/22/2017	MASTERCARD	CHECKED-OUTM [REDACTED]		[REDACTED]		\$150.44

I agree that my liability for all charges is not waived

Signature _____

Tax Summary	
G.S.T - ROO	\$6.90
D.M.F. FEE	\$4.02
HOTEL TAX	\$5.52

Balance: \$0.00

Sept 2017.

Parking paid Sept 27
meeting/call to SSP
in Edm
with Drs Belanger & Joffe

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

01:55 PM
SEP 27, 2017

Purchase Date/Time: 11:55am Sep 27, 2017

Total Parking: \$15.24

Total GST: \$0.76

Total Due: \$16.00

Rate: \$16- 2 Hours

Total Paid: \$16.00

Payment Type: Card

Ticket

S/N #

Setting: Lot 363

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING REC



Oct 2017

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

10:55 AM
OCT 05, 2017

Purchase Date/Time: 08:55am Oct 05, 2017

Total Parking: \$15.24

Total GST: \$0.76

Total Due: \$16.00

Rate: \$16 - 2 Hours

Total Paid: \$16.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

03:47 PM
OCT 16, 2017

Purchase Date/Time: 12:47pm Oct 16, 2017

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Rate: \$24 - 3 Hours

Total Paid: \$24.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

GST: 887315638RT001
RECEIPT CI

IN: 05.10.17 09:51
PAY: 05.10.17 12:23
AMOUNT: \$ 15.00

TRANSACTION
RECORD

Card #:

Chip

Account: MASTERCARD

PURCHASE

Amount: \$15.00

Sequence

Term ID: 002

Date: 17/10/05

Time: 12:22:48

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:

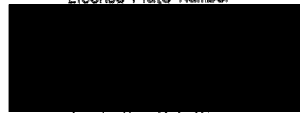
MasterCard



Thank you for
Visiting!

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

11:52 AM
OCT 18, 2017

Purchase Date/Time: 08:52am Oct 18, 2017

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Rate: \$24 - 3 Hours

Total Paid: \$24.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

06:00 AM
OCT 20, 2017

Purchase Date/Time: 08:57am Oct 19, 2017

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00

Rate: \$40 - All Day + Evg

Total Paid: \$35.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 95.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/28/2017	Meals per diem - Travel to Cold Lake - Meeting with Mayor and CAO	AB - North Zone	Meals Per Diem	\$ 47.50			Meals per diem - Travel to Cold Lake - Meeting with Mayor and CAO Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
10/12/2017	Meals per diem - Travel to Wabasca - Grand opening of New EMS Station in Wabasca	AB - North Zone	Meals Per Diem	\$ 47.50			Meals per diem - Travel to Wabasca - Grand opening of New EMS Station in Wabasca Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		8-Nov-17							

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 : Oct-17
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Sep-17	Direct Billing	Airline Ticket	Roundtrip Edmonton to FMM - Minister Hoffman and Associate Minister Payne to tour Northern Lights - Ref # [REDACTED] WESTJET [REDACTED] Ticket # [REDACTED]	Marlin Travel	612.84
05-Sep-17	Direct Billing	Airline Ticket	Round trip Edm to Cal - September 6 In-Person PPEC Meeting in Calgary (Calgary Delta Airport Hotel (McConachie Room) - Ref # [REDACTED] AIR CAN [REDACTED] Ticket # [REDACTED]	Marlin Travel	411.76
18-Sep-17	Direct Billing	Airline Ticket	Roundtrip Edm to Grande Prairie - Visit GP (Don Hunt Funeral) - Ref # [REDACTED] AIR CAN [REDACTED] Ticket # [REDACTED]	Marlin Travel	585.96
20-Sep-17	Direct Billing	Airline Ticket	Change Fee to flight - Visit GP (Don Hunt Funeral) - Ref # [REDACTED] AIR CAN [REDACTED] Ticket # [REDACTED]	Marlin Travel	75.00
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 1,685.56



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 08 Sep 17 Client: [REDACTED] Agent: [REDACTED] 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]	503.88	0.00	\$0.00	108.96	0.00	612.84 CAD
Total:	503.88	0.00	0.00	108.96	0.00	612.84 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/08/2017		[REDACTED]	612.84 CAD
				Total Payment:	612.84 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL MINISTER VISIT TO THE HOSPITAL

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.

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

Trip #: [REDACTED]
Booking Date: 08 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

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:	08 Sep 17
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00255	EDMONTON INTL 12 Sep 17 6:10PM		FT. MCMURRAY 12 Sep 17 7:07PM	Q/	
WESTJET	03272	FT. MCMURRAY 13 Sep 17 5:15PM		EDMONTON INTL 13 Sep 17 6:21PM	Y/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 05 Sep 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	336.80	0.00	\$0.00	74.96	0.00	411.76 CAD
Total:	336.80	0.00	0.00	74.96	0.00	411.76 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/05/2017		[REDACTED]	411.76 CAD
				Total Payment:	411.76 CAD
				Balance Due CAD Currency	0.00 CAD

Total GST	0.00	Total HST	\$0.00
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CORPORATE UNIT 101
REASON FOR TRAVEL LEADERSHIP 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***
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 05 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

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: 05 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08155	EDMONTON INTL 05 Sep 17 8:00PM		CALGARY INTL 05 Sep 17 8:52PM	Q/	



AIR

Passengers: KEVIN W WORRY
Booking Date: 05 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08150	CALGARY INTL 06 Sep 17 3:40PM		EDMONTON INTL 06 Sep 17 4:30PM	Q/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 18 Sep 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	521.00	0.00	\$0.00	64.96	0.00	585.96 CAD
Total:	521.00	0.00	0.00	64.96	0.00	585.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2017		[REDACTED]	585.96 CAD
Total Payment:					585.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ATTEND FUNERAL

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 *****
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 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



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Sep 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	0.00	0.00	\$0.00	0.00	75.00	75.00 CAD
Total:	0.00	0.00	0.00	0.00	75.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/20/2017		[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ATTEND FUNERAL

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

Trip #: [REDACTED]
Booking Date: 20 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

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: 20 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08365	EDMONTON INTL 21 Sep 17 2:45PM		GRANDE PRAIRIE 21 Sep 17 3:59PM	V/	
AIR CANADA	08430	GRANDE PRAIRIE 22 Sep 17 6:40PM		CALGARY INTL 22 Sep 17 8:10PM	H/	
AIR CANADA	08431	CALGARY INTL 22 Sep 17 8:45PM		EDMONTON INTL 22 Sep 17 9:35PM	H/	