

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 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)
Nov-17	P-Card	Meetings				187	187			
Nov-17	Expense Claim	Meetings		11			11			
Nov-17	Direct Billing	Meetings	1,176				1,176			
Total			\$ 1,176	\$ 11	\$ -	\$ 187	\$ 1,374	\$ -	\$ -	\$ -

Total for the Month \$ 1,374

Maximum daily single meal expense claimed in the month \$ 11
 Maximum daily base hotel rate claimed in the month \$ -
 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	\$ 187.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
10/20/2017	Parking paid - Governance Review Meeting in Edm @ SSP	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking paid - Governance Review Meeting in Edm @ SSP	1				
10/27/2017	Parking paid - IMPT: Advisory Councils Fall Forum October 27 & 28	AB - North Zone	Parking - Lot or Parkade	\$ 28.00			Parking paid -IMPT: Advisory Councils Fall Forum October 27 & 28	1				
10/30/2017	Parking paid - Edm @ Northlands - Quality Summit: Oct 30 & 31	AB - North Zone	Parking - Lot or Parkade	\$ 9.00			Parking paid - Quality Summit: October 30 & 31 - Northlands	1				
10/31/2017	Parking paid - Edm @ Northlands - Quality Summit: Oct 30 & 31	AB - North Zone	Parking - Lot or Parkade	\$ 9.00			Parking paid - Quality Summit: October 30 & 31 - Northlands	1				
11/2/2017	Parking paid - Edm @ SSP for Dr Joffe 1:1 Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 24.00			Parking paid - Edm @ SSP for Dr Joffe 1:1 Meeting	1				
11/3/2017	Parking paid - Physician Orientation - in Edm @ RAH	AB - North Zone	Parking - Lot or Parkade	\$ 14.25			Parking paid - Physician Orientation - in Edm @ RAH	1				
11/10/2017	Parking paid - in Edm @ SSP for Dr. Joffe 1:1 Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid - in Edm @ SSP for Dr. Joffe 1:1 Meeting	1				
11/10/2017	Parking paid - Bigstone Health Commission - Meeting to finalize an Action Plan - in Edm @ ATB Place	AB - North Zone	Parking - Lot or Parkade	\$ 20.00			Parking paid - Bigstone Health Commission - Meeting to finalize an Action Plan - in Edm @ ATB Place	1				
11/16/2017	Parking paid - Shaw Conference Centre - Sarah Hoffman - Briefing: Big Lakes County (Diabetes Treatment) -	AB - North Zone	Parking - Lot or Parkade	\$ 15.75			Parking paid - Shaw Conference Centre - Sarah Hoffman - Briefing: Big Lakes County (Diabetes Treatment) -	1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		27-Nov-17								

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

06:00 PM
OCT 20, 2017

Purchase Date/Time: 11:16am Oct 20, 2017

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00 Rate: \$35 - All Day To 6PM

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

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

ct/Nov. 2017

Impark Lot 161

License Plate Number



Expiration Date/Time

11:59 PM

OCT 27, 2017

Purchase Date/Time: 02:13pm Oct 27, 2017

Total Parking: \$26.67

Total GST: \$1.33

Total Due: \$28.00

Total Paid: \$28.00

Ticket #

SN #

Setting: Lot 161

Mach Name: Meter 3

Rate: \$28-Park to Midnight

Payment Type: Card

MasterCard

Auth #

gst #887316638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

RECEIPT
Impark Lot 383

License Plate Number



Expiration Date/Time

01:26 PM
NOV 02, 2017

Purchase Date/Time: 10:26am Nov 02, 2017

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Total Paid: \$24.00

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

Rate: \$24 - 3 Hours

Payment Type: Card

MasterCard

Auth #

gst #887316638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

ROYAL ALEXANDRA HOSPITAL
SE PARKADE - PUBLIC PARKING

Machine ID#

Rcpt# 429

11/03/17 16:19 L# 5 A# 1 Txn# 2051

11/03/17 07:58 In 11/03/17 16:19 out

Tkt#

RAH SE Park \$14.25

Total Fee \$14.25

MASTERCARD \$14.25

Approval No.

Reference No.

Change Due \$0.00

Parking Rates are GST Exempt

Comments? - email us :

parkingedmonton@ahs.ca

Oct / Nov 2017

NORTHLANDS - PARKING
7300 116 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/10/30
TIME 4367 08:17:44
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL ✓
\$9.00

MasterCard



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

NORTHLANDS
116N-1
visit us at
northlands.com
GST# R101577443

OCT30/2017

A1
M/C 9.00
GST INCL
[REDACTED]

08:16R

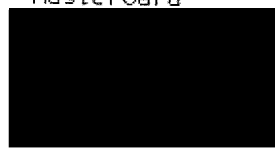
CLERK J

NORTHLANDS - PARKING
7300 116 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/10/31
TIME 2866 08:24:36
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL ✓
\$9.00

MasterCard



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

NORTHLANDS
116N-1
visit us at
northlands.com
GST# R101577443

OCT30/2017

A1
M/C 9.00
GST INCL
[REDACTED]

08:24R

✓

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

01:59 PM ✓
NOV 10, 2017

Purchase Date/Time: 09:59am Nov 10, 2017

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Rate: \$32 - 4 Hours

Total Paid: \$32.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PAR

ATB PLACE
GST:887315638RT001
RECEIPT

IN: 10.11.17 13:47

PAY: 10.11.17 17:28

AMOUNT: \$ 20.00

Nov 10 2017 05:28 pm

TRANSACTION
RECORD

Card Number ✓

Card Entry : CHIP

Trans Type : PURCHASE

Amount : \$20.00

Auth #

Sequence #

Term ID

Date : 17/11/10

Time : 17:28:01

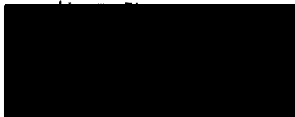
APPROVED

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

Application Label:
MasterCard



RECEIPT
RE-ENTRY CODE 13495#



Expiration Date/Time

12:06 PM
NOV 16, 2017

Purchase Date/Time: 09:06am Nov 16, 2017
Total Parking: \$15.00
Total GST: \$0.75
Total Due: \$15.75
Total Paid: \$15.75
Ticket S/N # [Redacted]
Setting: C209
Mach Name: C209B

Rate: \$5.00 PER HOUR
Pmt Type: CC (Swipe)

[Redacted] MasterCard

Auth # [Redacted]

GST #898783089

RECEIPT
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PARKING RECEIPT

Nov 27 17

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 10.50								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/17/2017	Breakfast - early flight to FMM for CEO Tour in FMM	AB - North Zone	Meals Per Diem	\$ 10.50			Breakfast - early flight to FMM for CEO Tour in FMM Bfast \$10.50	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	27-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 :		Reporting Period for the Month of :			
Kevin Worry		Nov-17			
DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Nov-17	Direct Billing	Airline Ticket	AIR CAN ██████████ ██████████ - Outbound flight to Ladies Luncheon - Verna in FMM - CEO Tour: Northern Lights Regional Health Centre - Nov 17FMM Fri Nov 17	Marlin Travel	401.46
08-Nov-17	Direct Billing	Airline Ticket	WESTJET ██████████ ██████████ Travel to FMM - Introduction of acting Facility Director - Dimitri Louvish	Marlin Travel	225.26
08-Nov-17	Direct Billing	Airline Ticket ██████████ ██████████ ██████████ ██████████ ██████████	AIR CAN ██████████ ██████████ - seat charge Outbound flight to Ladies Luncheon - Verna in FMM - CEO Tour: Northern Lights Regional Health Centre - Nov 17FMM Fri Nov 17	Marlin Travel	21.00
08-Nov-17	Direct Billing	██████████ ██████████ ██████████ ██████████ ██████████ Airline Ticket	AIR CAN ██████████ ██████████ Travel to FMM - Introduction of acting Facility Director - Dimitri Louvish	Marlin Travel	275.13
16-Nov-17	Direct Billing	██████████ ██████████ ██████████ ██████████ ██████████ Airline Ticket	WESTJET ██████████ ██████████ - Return Flight Fri Nov 17th Ladies Luncheon - Verna in FMM - CEO Tour: Northern Lights Regional Health Centre - Nov 17	Marlin Travel	253.12
Total Paid in the Month					\$ 1,176.07



A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #:
Booking Date: 09 Nov 17
Client:
Agent:

File Locator:

PASSENGERS: DR KEVIN W WORRY

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Rows include AIR CANADA Ticket # and a Total row.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Includes Total Payment: 422.56 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

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: 09 Nov 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 Nov 17
File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL
To: FT. MCMURRAY
Departing on: 17 Nov 17
Returning on: 17 Nov 17

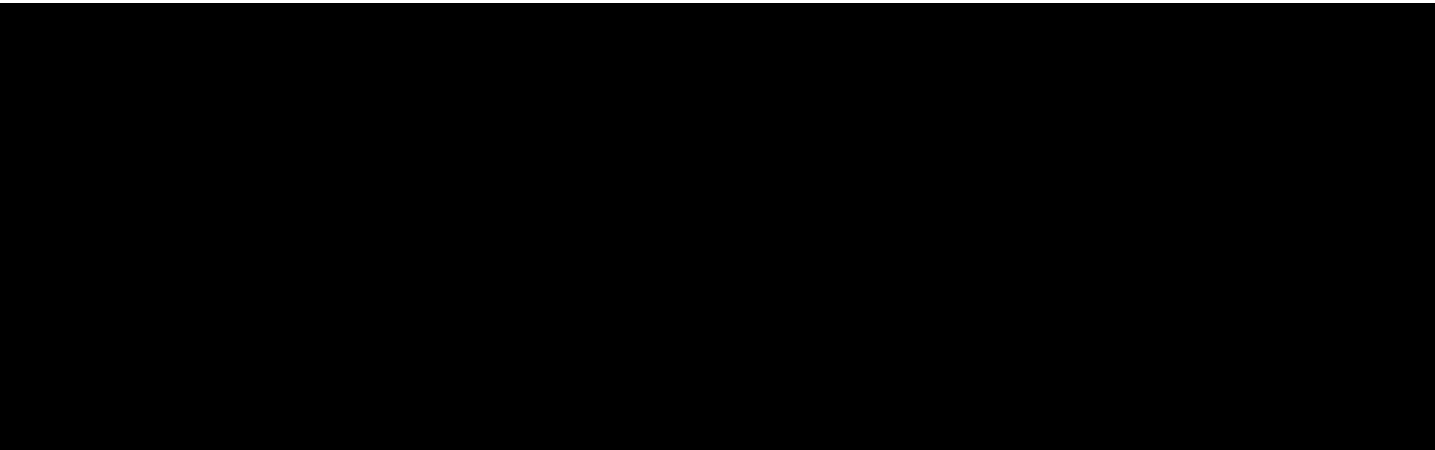


AIR

Passengers: KEVIN W WORRY

Booking Date: 08 Nov 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08382	EDMONTON INTL 17 Nov 17 6:30AM		FT. MCMURRAY 17 Nov 17 7:44AM	G/	
AIR CANADA	08389	FT. MCMURRAY 17 Nov 17 8:15PM		EDMONTON INTL 17 Nov 17 9:30PM	G/	





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ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 09 Nov 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	175.78	0.00	\$0.00	49.48	0.00	225.26 CAD
AIR CANADA Ticket # [REDACTED]	227.65	0.00	\$0.00	47.48	0.00	275.13 CAD
Total:	403.43	0.00	0.00	96.96	0.00	500.39 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/08/2017	[REDACTED]	[REDACTED]	225.26 CAD
	[REDACTED]	11/08/2017	[REDACTED]	[REDACTED]	275.13 CAD
				Total Payment:	500.39 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

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. -----

*****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: 09 Nov 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

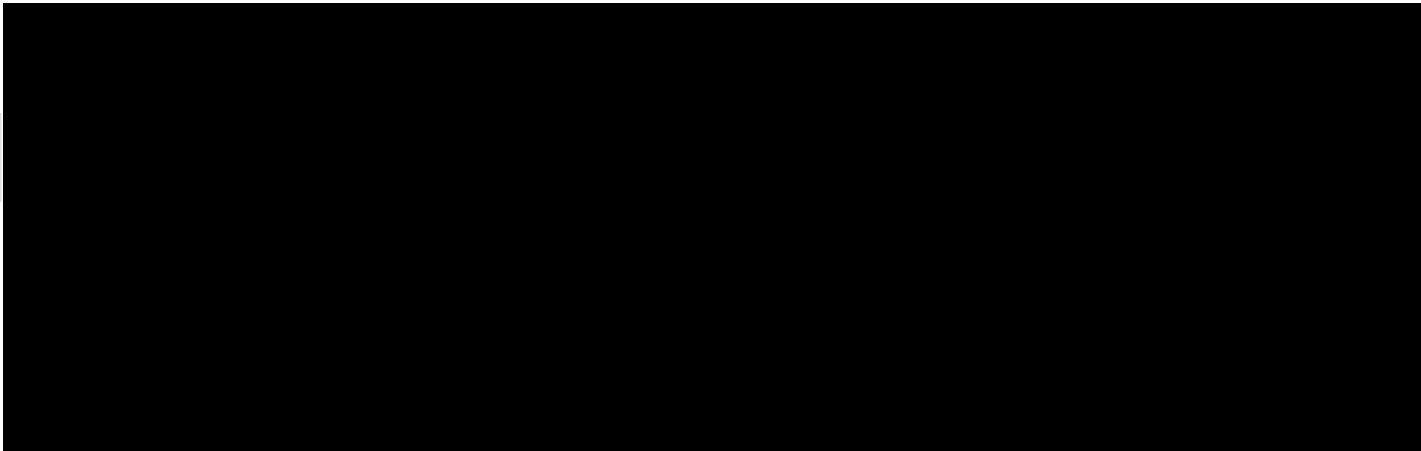


AIR

Passengers:	KEVIN W WORRY	Booking Date:	08 Nov 17
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00157	EDMONTON INTL 14 Nov 17 6:30AM		FT. MCMURRAY 14 Nov 17 7:36AM	L/	

Passengers:	KEVIN W WORRY	Booking Date:	08 Nov 17
		File Locator/Ticket #:	[REDACTED]





A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #:
Booking Date: 16 Nov 17
Client:
Agent:

File Locator:

PASSENGERS: DR KEVIN W WORRY

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: WESTJET Ticket #, 193.64, 0.00, \$0.00, 59.48, 0.00, 253.12 CAD. Row 2: Total: 193.64, 0.00, 0.00, 59.48, 0.00, 253.12 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: Invoice #, 11/16/2017, 253.12 CAD. Row 2: Total Payment: 253.12 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

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****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: 16 Nov 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:	16 Nov 17
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03128	FT. MCMURRAY 17 Nov 17 4:10PM		EDMONTON INTL 17 Nov 17 5:17PM	Q/	