

Official Administrator and Executive Expense Report

Name Linda Dempster
Title VP Collaborative Practice, Nursing & Health Professions
Location Edmonton
 Expenses submitted during the month of March 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-15	Expense Claim	Pre-relocation expenses	1,666	160	536	336	2,698			840
Total			\$ 1,666	\$ 160	\$ 536	\$ 336	\$ 2,698	\$ -	\$ -	\$ 840

Total for the Month \$ 3,538

Maximum daily single meal expense claimed in the month \$ 34 2 people
 Maximum daily base hotel rate claimed in the month \$ 159
 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

Expenses Reimbursed to AHS

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 5-Mar-15 To 8-Mar-15
Travel Period from: 5-Mar-15 To 8-Mar-15 (if applicable)
Out-of-Province Travel

Name: Linda Dempster Position (Title): VP, Collaborative Practice, Nursing & Health Professions

Location: Dept: DOFA Level: (if applicable) Union: Business Phone #:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Project Task Number
Expenditure Organization Expenditure Type

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71110000004	2697.51
2B				
2C				
2D				

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
101	0005	71110000004	62600000	\$840.00
101	0005			

TOTAL REIMBURSEMENT	
Total Section B	2697.51
Total Section C&D	840.00
Less Cash Advance	
TOTAL CLAIM	3537.51

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and requirements of this 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.
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature:

Date 25 March 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY):

Deborah Rhodes

DOFA Level

Position #

Phone

Ext

I, by signing this form, attest that I am compliant to all the above statements

Signature:

Deborah Rhodes

Title VP Corp. Serv. & CFO

Date April 17, 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

I, by signing this form, attest that I am compliant to all the above statements

Signature:

Title

Date

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71110000004

Emp # (E-People) _____

Page 2A

If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses **do not** fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
5-Mar-15	House hunting trip to Edmonton for VP, Collaborative Practice, Nursing & Health Professions - Flights and Meals - 2 people	AB - Provinc ial	N/A	Yes			D	\$16.30	\$1,665.82					
6-Mar-15	House hunting trip to Edmonton for VP, Collaborative Practice, Nursing & Health Professions - Meals - 2 people	AB - Provinc ial	N/A	Yes			LD	91.40						
7-Mar-15	House hunting trip to Edmonton for VP, Collaborative Practice, Nursing & Health Professions - Meals - 2 people	AB - Provinc ial	N/A	Yes			LD	\$52.29						
8-Mar-15	House hunting trip to Edmonton for VP, Collaborative Practice, Nursing & Health Professions - Accomodation, Taxi, Car - 2 people	AB - Provinc ial	N/A	Yes						\$598.53	\$65.00	208.17		
SUBTOTALS								159.99	\$1,665.82	\$598.53	\$65.00	208.17	Total Kms	

MILEAGE - Business Kilometre Rate for Personally Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$2,670.29

Auto fills on page 1 - TOTAL TRAVEL \$ \$2,670.29

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

2682.51
\$2697.51 ✓

EXPENSE CLAIM DETAILS

If **NOT** claiming any expenses in **Sections C or D**, this page does **NOT** have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People)		Page 3		
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column
6-Mar-15	House-Hunting Trip to Edmonton for Linda Demspler - detailed list attached	101	0005	71110000004	62600000	Yes		\$840.00	\$840.00

SECTION D: FOREIGN CURRENCY		ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.							
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column							
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre		Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

①

Dinner: March 5, 2015

\$16.30 ✓

CK [REDACTED] DATE 3/05/15
TIME 10:40PM

BAR : BAR PM --

ITEMS ORDERED AMO

1 CLASSIC BURGER 1
1 \$Sauteed mush
1 \$ketchup

SUBTOTAL 15
GST 0

TOTAL DUE 16 ✓

ROUNDED TOTAL

\$16.30 ✓

OF GUESTS 1 0

Monthly Brewmaster's Dinner
Hosted by Ciel du Ciel
Tuesday, March 24th
Ask your server for details
or visit us online at
CRAFTbeermarket.ca
780.424.BEER(2337)

GST# 843991241 RT0001

Expenses Reimbursed to AHS



eTicket Receipt

2

Prepared For
DEMPSTER/DEREK MR

RESERVATION CODE	[REDACTED]
ISSUE DATE	07Mar2015
TICKET NUMBER	[REDACTED]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	[REDACTED]
FREQUENT FLYER NUMBER	[REDACTED]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
08Mar	WESTJET WS 177	EDMONTON INTL AB, CANADA Time 1:40pm	VANCOUVER BC, CANADA Time 2:18pm Terminal MAIN TERMINAL	Seat Number 02C - (CONFIRMED) Baggage Allowance 2PC Booking Status OK TO FLY Fare Basis WB Not Valid Before 08 MAR Not Valid After 05 MAR

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD [REDACTED]
Fare Calculation Line	YVR WS YEA313.00WS YVR313.00CAD626.00END
Exchanged Ticket	[REDACTED]
Fare	CAD 626.00
Change Fee	0.00
Tax on change fee	0.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE) CAD 36.31 XG (GOODS AND SERVICES TAX (GST)) CAD 50.00 SQ (AIRPORT IMPROVEMENT FEE (AIF)) CAD 36.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 762.56 ✓
Total Additional Collection	CAD 70.35 ✓

Expenses Reimbursed to AHS

Total Airfare for 2
\$1115.82 ✓



3

eTicket Receipt

Prepared For
DEMPSTER/LINDA MRS

RESERVATION CODE	[REDACTED]
ISSUE DATE	07Mar2015
TICKET NUMBER	[REDACTED]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	[REDACTED]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
08Mar	WESTJET WS 177	EDMONTON INTL AB, CANADA Time 1:40pm	VANCOUVER BC, CANADA Time 2:18pm Terminal MAIN TERMINAL	Seat Number 02D - (CONFIRMED) Baggage Allowance 2PC Booking Status OK TO FLY Fare Basis WB Not Valid Before 08 MAR Not Valid After 05 MAR

Payment/Fare Details

Form of Payment	CREDIT CARD: [REDACTED] MASTERCARD: [REDACTED]
Fare Calculation Line	YVR WS YEA313.00WS YVR313.00CAD626.00END
Exchanged Ticket	[REDACTED]
Fare	CAD 626.00
Change Fee	0.00
Tax on change fee	0.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE) CAD 36.31 XG (GOODS AND SERVICES TAX (GST)) CAD 50.00 SQ (AIRPORT IMPROVEMENT FEE (AIF)) CAD 36.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 762.56 ✓
Total Additional Collection	CAD 70.35 ✓

Expenses Reimbursed to AHS

Starbucks Coffee Canada #4096
10155 - 102nd Street NW
Edmonton, AB T5J 4G8

03/05/2015 01:05 PM
Drawer: 2 Reg: 2

Tl Dark Roast	2.10
Gr Latte	4.25
Nonfat	
Cash	10.00
Subtotal	\$6.35
GST 5%	\$0.32
Rounding	-\$0.02
Total	<u>\$6.65</u>
Change Due	\$2.3

Check Closed
03/05/2015 01:05 PM

GST: 86585 3535

Join our loyalty program
Sign up for email rewards
Visit Starbucks.ca/rewards
Or downloa
At participat
Some restrictio
My Starbucks R



GST#R889541298
Sorrentino's Downtown
10162 - 101 Street
(780) 424-7500

8 PM

Mar06'15 07:40PM
*** Reprint Memo Check ***

SEAT:1
1 TOMATO SALAD 15.00
1 FRUTTI DI MARE 26.00
1 RAVIOLI 24.00
Subtotal 65.00
GST 3.25
Amount Due 68.25

Amount Due

68.25

Expenses Reimbursed to AHS

ZENAKI'S
10180 101 ST MANUL T5J3S4
EDMONTON AB
20717140
GH2071714001

**** PURCHASE **

03-06-2015 15:40:
Acct #
Exp Date Card Type
Name:
A0000000031010 VI

Trace

Inv. #

Auth #

Purchase \$15.00
Tip \$1.50
Total \$16.50

5

Meals: March 7, 2015

\$ 52.29 ✓

Zenari's
0180-101 St.
Edmonton, AB
780-423-5409

1 Week No. 9 Period # 3
07/15 2:09 pm

er # [REDACTED]
Soup, Large 4.95
1 Cream of Mushroom
Soup, Small 3.95
1 Cream of Mushroom
Reuben 7.50
Bottled Water 1.50
Sub Total 17.90
Tax 0.85
Total 17.90

Duplicate
You Soon

Lunch

The Burg
10190-104 Street
Edmonton, AB
T5J 1A7
Ph: 780-760-1780

www.theburg4st.ca
fo@theburg4st.ca

Mar 07, 15 07:42

Mayo \$0
Truffle Mushroom Swiss \$16
Side Deep Fried Pickle(2) \$2
*Side of \$0
*Fries \$0
The Norm \$14
*Side of \$0
Fries \$0

Subtotal \$34.39
GST \$0
Total \$34.39

Dinner

Find out last week's mystery beer...
@theburg4st
facebook.com/theburg4st
theburg4st.ca

GST 1735/33

RECEIPT

COQUITLAM TAXI (1977) LTD.

BELAIR TAXI LTD.

PORT COQUITLAM TAXI LTD.

DATE: Mar. 8.15 \$65.00 ✓
INCLUDING G.S.T.

FROM: YVR

TO: TSW

DRIVER #: CAB

TEL: 604-524-1111 OR 604-937-3434

Thank you for Riding with us.

Expenses Reimbursed to AHS

UNION BANK INN

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GUEST
ACCOUNT

DEMPSTER LINDA

ALBERTA HEALTH SERVICES

Room # [REDACTED] Invoice # [REDACTED]

Arrive 03/05/15 Depart 03/08/15

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
03/05/15	[REDACTED]	18-Transfer	Room move from [REDACTED]	0.00
03/05/15	[REDACTED]	2-Room Charge		159.00
03/05/15	[REDACTED]	41-Tourism Le	On Room Charge	6.36
03/05/15	[REDACTED]	42-DMF		4.77
03/05/15	[REDACTED]	41-Tourism Le	On DMF	0.19
03/05/15	[REDACTED]	9-Parking Pa	SAURFACE O/N	20.00
03/06/15	[REDACTED]	18-Transfer	Room move from [REDACTED]	0.00
03/06/15	[REDACTED]	2-Room Charge		159.00
03/06/15	[REDACTED]	41-Tourism Le	On Room Charge	6.36
03/06/15	[REDACTED]	42-DMF		4.77
03/06/15	[REDACTED]	41-Tourism Le	On DMF	0.19
03/06/15	[REDACTED]	9-Parking Pa	SURFACE O/N	20.00
03/07/15	[REDACTED]	2-Room Charge		159.00
03/07/15	[REDACTED]	41-Tourism Le	On Room Charge	6.36
03/07/15	[REDACTED]	42-DMF		4.77
03/07/15	[REDACTED]	41-Tourism Le	On DMF	0.19
03/07/15	[REDACTED]	9-Parking Pa	SAURFACE O/N	20.00
03/08/15	[REDACTED]	92-Mastercard		-598.53
			GST On DMF	0.72
			GST On Parking Pass	3.00
			GST On Room Charge	23.85
			Tax Reg. # R897343794	
			AMOUNT DUE	0.00

(5)

Expenses Reimbursed to AHS

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.

SIGNATURE

X

Pre-Auth Compl

Merchant ID: 97016120016
Term ID: 001
Clerk ID: 2

Ref #: 039

MASTERCARD

Entry Method: Chip

03/08/15

10:08:17

Inv [REDACTED]

Appr Code [REDACTED]

Apprvd

Batch# [REDACTED]

Original Pre Auth Amount: \$ 250.00

Total: \$ 598.53

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.

Application Label: SCOTIABANK VISA

UNION BANK INN

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0053 Jasper Avenue, Edmonton, AB, Canada T5J 1S5

Phone: 780.423.3600 • Fax: 780.423.4623

Mail: info@unionbankinn.com • Web: unionbankinn.com

Your car rental confirmation voucher

powered by
cartrawler

Booking details

Reservation
reference

Confirmation number

Flight number

Vehicle number

Assignment number

Lead driver's name: Derek Dempster

Lead driver's
number

Credit card number

Pick-up

Date, time

Location

Address

05 Mar 2015 / 20:05

Midland - Airport

1000000 - 1000000000

1000000

1000000

1000000

1000000

1000000

Book to phone no.

[Add to your calendar](#)

Drop-off

Date, time

Location

Address

09 Mar 2015 / 10:30

Midland - Airport

1000000 - 1000000000

1000000

1000000

1000000

1000000

1000000

Book to phone no.

[Add to your calendar](#)

Car details

Vehicle number

Pick-up type

Pick-up and drop-off

Car class

Category



Nissan

Car rental to Ford Group



Expenses Reimbursed to AHS

8

1937.18
14.92
208.98208.17
- out 1.4

STALL No. / STAT. No.

VEHICLE INSPECTION REPORT RAPPORT D'INSPECTION DE VÉHICULE

DATE: Mos CLEANED BY / NETTOYÉ PAR [REDACTED]

RA #: [REDACTED]

N° CONTRAT: [REDACTED]

VEHICLE #: [REDACTED]

N° VÉHICULE: [REDACTED]

KM: [REDACTED] FUEL / ESSENCE: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

MODEL / MAKE: [REDACTED] COLOUR: [REDACTED]

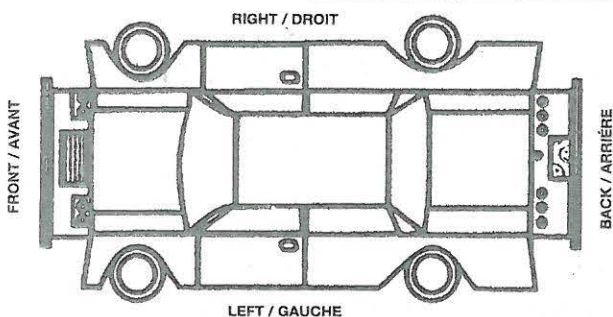
MODÈLE / MARQUE: [REDACTED] COULEUR: [REDACTED]

LICENCE: [REDACTED] OWNING CITY: [REDACTED]

IMMATRICULATION: [REDACTED] VILLE D'APPARTENANCE: [REDACTED]

DESCRIPTION OF DAMAGE: [REDACTED]

DESCRIPTION DES DOMMAGES: [REDACTED]



I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO CHECK THE VEHICLE AND REPORT ANY DAMAGE TO AN EMPLOYEE BEFORE EXITING THE PARKING LOT. OTHERWISE AGREE TO THE ABOVE NOTED CONDITION.

JE RECONNAIS QUE C'EST MA RESPONSABILITÉ D'INSPECTER LE VÉHICULE ET DE SIGNALER TOUT DOMMAGE QUE J'AURAIS OBSERVÉ AVANT D'ÊTRE PRÊS À QUITTER LE STATIONNEMENT, FAUTE DE QUOI JE SERAI TENU D'ACCEPTER LA RESPONSABILITÉ POUR TOUT DOMMAGE QUI N'A PAS ÉTÉ RELEVÉ SUR LA PRÉSENTE FICHE.

☐ NO DAMAGE / AUCUN DOMMAGE ☐ INTERIOR DAMAGE / DOMMAGES INTÉRIEURS

REPRESENTATIVE SIGNATURE / SIGNATURE DU REPRÉSENTANT

RENTAL CUSTOMER SIGNATURE / SIGNATURE DU CLIENT LOCATAIRE

30280



GST/HST 889365821
PST 1021523719

RA 167921608 Bil 0
Rental 05-MAR-2016 03:13 PM
EDMONTON INTL ARPT
Return 05-MAR-2016 11:43 AM
EDMONTON INTL ARPT

DEREK DEMPSTER
Vehicle # [REDACTED]
Model [REDACTED]
Class Driven SFAR Class Charged IFAR
License# K91179 State/Province AB
M/Kms Driven 127
M/Kms Out 12239
M/Kms In 12366

Billing Ref [REDACTED]
Charges NO UNIT Price Amount
GPS NAVIGA 3 Days 12.99 38.97
T & M 3 Days 35.8 117.49*
UNLIM M/KM 0 M/KM 0.00*
AP CONCESSION FEE 23.22*
CUSTOMER CANCELLATION CHARGE 12.00*
VEHICLE LICENSE FEE 2.37*
GST ALBERTA @5.000 % 9.20

Total Charges CAD 193.25

Deposit [REDACTED]
Amount Due CAD 193.25

* Taxable Items
Subject to Audit
Your Emerald Club Number [REDACTED]
Emerald Club rental credits will be posted within 24 hours
We hope you enjoyed driving your upgraded Emerald Club vehicle.
Customer Service Number 1-800-468-3334

EDMONTON
Alberta T6H 2K7

GST: 856305073 (780) 434-9710
2015-03-08 PC0388997:8442201 11:30
TERMINAL [REDACTED] ER: A
PAYPOINT [REDACTED]

FUEL (L) (\$/L) (\$)
Pump 3
Regular 17.070 0.874 14.92*
Total Owed 14.92

TOTAL PAID
CREDIT CARD \$ 14.92

*TAXES INCL. #TAXES EXCL.
GST TOTAL \$ 0.71

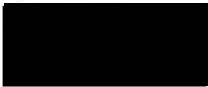
VISA [REDACTED]
INV. AUTH. [REDACTED]
Purchase [REDACTED]
001010010 00 027
VISA
0000000031010

NO SIGNATURE TRANSACTION
00 APPROVED - THANK YOU 027

-- IMPORTANT --
Retain This Copy For Your Records
CUSTOMER COPY

REWARDS-POINTS
BALANCE [REDACTED]

Survey! Earn Points
& chance to win gas
1-866-826-7779
petro-canada.ca/hello

PAYMENT METHOD RECEIVED		CHECK NO. RECEIVED	CLIENT
By Check & Cash		Paid March 6, 2015 #006	Ms Linda Dempster
March 6 2015	DESCRIPTION		LINE TOTAL
	Home Rental Search Assistance Services		\$800.00
			
THANK YOU FOR YOUR BUSINESS			
TOTAL			\$800.00
Canadian Goods & Sales Tax - GST# 84793 8461 RT0001			GST 9% TAX \$40.00
			TOTAL \$840.00

Expenses Reimbursed to AHS

Relocation Assistance Expense Claim Summary

A completed copy of the Relocation Assistance Expense Claim Summary, the Travel, Hospitality and Working Session Expense Claim, as well as all supporting receipts and documentation must be submitted to Accounts Payable. Enter the total expense amount, along with the **Secondary Expense Code of 6262000**, in section C of the Travel, Hospitality and Expense Claim. The maximum that can be claimed is 10% of your base salary.

Employee Name (Last, First)		Employee Number
Dempster, Linda		
Department Name	Position Title	Employee FTE
Collaborative Practice, Nursing & Health Professions	Vice President	
Pre-Location (House hunting)		
Meals	159.99	
Accommodations	\$598.53	
Transportation	1938.99	
Total Pre-Location	\$2,697.51 \$2,698.79	
Household		
Legal fees	\$0.00	
Real estate fees	\$840.00	
Household effects & One vehicle	\$0.00	
Mobile or Modular home	\$0.00	
Total Household	\$840.00	
Relocation		
Meals	\$0.00	
Subsistence allowance (Spouse or Partner)	\$0.00	
Subsistence allowance (Dependant)	\$0.00	
Transportation	\$0.00	
Total Relocation	\$0.00	
Temporary Accommodation		
Total Temporary Accommodation	\$0.00	
Incidental		
Total Incidental	\$0.00	
Discretionary		
Mortgage penalty	\$0.00	
Tenancy lease penalty	\$0.00	
Interim financing/interest charges	\$0.00	
Total Temporary Accommodations, Incidental & Discretionary	\$0.00	
Total Expenses	\$3,537.51 \$3,538.79	
Maximum Amount Allowed (up to 10% of base salary)	\$0.00	
<input checked="" type="checkbox"/> I confirm that these expenses are accurate.		
Employee Signature		Date (yyyy-Mon-dd)
<i>Linda Dempster</i>		2015-MAR-26
Approval		
<input checked="" type="checkbox"/> I have reviewed this Relocation Assistance Expense Claim Summary expenses and approve the amount \$ [redacted] for reimbursement.		
Manager's Name	Manager's Signature	Date (yyyy-Mon-dd)
Vickie Kiminski, President & CEO	<i>Vickie Kiminski</i>	Apr. 24/15

Deborah Rhodes
Deborah Rhodes, Vice President
Corporate Services & Chief Financial Officer

April 20, 2015
Date