

Official Administrator and Executive Expense Report

Name Linda Dempster
Title VP Collaborative Practice, Nursing & Health Professions
Location Edmonton
 Expenses submitted during the month of April 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)
Apr-15	Expense Claim	Relocation Expense	1,139	194	3,233	152	4,718			709
Total			\$ 1,139	\$ 194	\$ 3,233	\$ 152	\$ 4,718	\$ -	\$ -	\$ 709

Total for the Month \$ 5,427

Maximum daily single meal expense claimed in the month \$ 34
 Maximum daily base hotel rate claimed in the month \$ 108
 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: 22-Mar-14 To 28-Mar-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Linda Dempster Position (Title): Vice President, Collaborative Practice, Nursing & Health P
 Location: Edmonton Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone: _____ Ext: _____
 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					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0005	71110000004	4718.55	101	0005	71110000004	62620000	\$708.75
2B									
2C									
2D									
				4718.55					\$708.75

TOTAL REIMBURSEMENT	
Total Section B	4718.55
Total Section C&D	\$708.75
Less Cash Advance	
TOTAL CLAIM	5427.30

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

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 policy and mandatory 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: Linda Dempster Date: May 5/15

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): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____
 Signature: Deborah Rhodes Title: Vice President, Corporate Services & CFO Date: June 18/15

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

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): Vickie Kaminski DOFA Level: _____ Position #: _____ Phone #: _____
 Signature: Vickie Kaminski Title: President & CEO Date: June 22, 2015

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

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0005 71110000004** Emp # (E-People) [REDACTED]

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!)
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						
22-Mar-15	Travel from Vancouver, BC to Edmonton, AB (relocation) - Linda and Derek Dempster	BC	N/A	Yes			D	\$18.90	\$1,138.59	\$65.00	\$7.00			
23-Mar-15	Lunch - Linda and Derek Dempster	AB - Local	N/A	Yes			L	\$30.00						
24-Mar-15	Lunch/Dinner - Linda and Derek Dempster	AB - Local	N/A	Yes			LD	\$62.29						
25-Mar-15	Lunch (Derek Dempster)/Dinner Linda and Derek Dempster	AB - Local	N/A	Yes			LD	30.00						
26-Mar-15	Lunch (Derek Dempster)/Dinner Linda and Derek Dempster	AB - Local	N/A	Yes			LD	\$36.68						
28-Mar-15	Lunch and return to Vancouver - Derek Dempster	AB - Local	N/A	Yes			L	16.59		\$80.60				
9-Apr-15	Accommodations - March/April 2015 - Linda and Derek Dempster	AB - Local	N/A	Yes					3232.80					
SUBTOTALS:								194.56	\$1,138.59	3232.80	\$145.60	\$7.00	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 \$

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal **4718.55**

Auto fills on page 1 - TOTAL TRAVEL \$ **4718.55**

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 Reimbursed to AHS

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) [REDACTED] Page 3

- 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 travel, gas, etc., go to Section B on pg 2.
- ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

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	TOTAL OTHER \$
23-Mar-15	Transport of car from Vancouver to Edmonton	101	0005	71110000004	62620000	Yes		\$708.75	12	\$708.75

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			Secondary/Expense eg. 41000000 (8 characters)	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			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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 Reimbursed to AHS



From: WestJet Airlines noreply@itinerary.westjet.com
 Subject: Reservation Confirmation
 Date: March 18, 2015 at 11:11 AM
 To:



WestJet
 22 Aerial Place N.E.
 Calgary, Alberta,
 Canada
 Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary.

Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.

This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is: _____ Main contact: **Dempster**
 E-mail: _____
 Phone Number: _____

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

Please ensure that if your travel plans include a flight on a WestJet Encore turboprop aircraft that you review the [following details](#) as there are some differences in allowances and amenities from flights on our larger WestJet Boeing 737 aircraft.

If you are flying to Dublin, there are also some [specific regulations](#) you should be aware of before you leave.

Guest

Mr. Derek Dempster Flight Vancouver (YVR)-Edmonton (YEG),Edmonton (YEG)-Vancouver (YVR)
 WestJet FF
 Ticket Number
 Seat

Air Itinerary Details

WS140 WestJet	Vancouver, CA Sun 22 Mar, 2015 09:10 AM	Edmonton, CA Sun 22 Mar, 2015 11:36 AM	Fare type: Plus Non-stop
WS177 WestJet	Edmonton, CA Sat 28 Mar, 2015 02:30 PM	Vancouver, CA Sat 28 Mar, 2015 03:08 PM	Fare type: Plus Non-stop

Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 626.00	CAD 36.00	CAD 100.56	CAD 762.56	x 1	CAD 762.56
						Total airfare: CAD 762.56

Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 36.31
CA	Air Travellers Security Charge (ATSC)	CAD 14.25
SQ	Airport Improvement Fee (AIF)	CAD 50.00
		Total taxes: CAD 100.56

Fare family benefits

YVR-YEG: Plus Seat Sale Benefits

- No fee for first and second checked bags¹
- Excess checked baggage fee of \$75-88.50 CAD per eligible piece¹
- No change fees, just the difference in fare (if applicable)
- Refundable to original form of payment (fee applies) or fully refundable to travel credit
- Extra legroom seats which include food and beverages from our on-board menu, advance boarding and seat selection^{1, 2}
- Priority security screening (at available airports)¹

¹ Not applicable on flights operated by our airline partners. ² Our 767-300 wide-body aircraft also includes wider seats in Plus. Seats in Plus on flights operated by WestJet Encore do not have extra legroom.

Fare family benefits

YEG-YVR: Plus Seat Sale Benefits

- No fee for first and second checked bags¹
- Excess checked baggage fee of \$75-88.50 CAD per eligible piece¹
- No change fees, just the difference in fare (if applicable)
- Refundable to original form of payment (fee applies) or fully refundable to travel credit
- Extra legroom seats which include food and beverages from our on-board menu, advance boarding and seat selection^{1, 2}
- Priority security screening (at available airports)¹

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Seats	
Plus fare seat	WS 140 YVR - YEG Seat 3C Mr Derek Dempster CAD 0.00 + CAD 0.00 Tax
Plus fare seat	WS 177 YEG - YVR Seat 2C Mr Derek Dempster CAD 0.00 + CAD 0.00 Tax
Total Seats: CAD 0.00	

762.52
376.03

1138.59
①

Total	
Charged to MASTERCARD [REDACTED]	CAD 762.56

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- **Positive identification** is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours

From: WestJet Airlines noreply@itinerary.westjet.com
Subject: Reservation Confirmation
Date: March 18, 2015 at 11:28 AM
To: Linda Dempster [REDACTED]



WestJet
22 Aerial Place N.E.
Calgary, Alberta,
Canada
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary.

Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.

This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is [REDACTED]

Main contact: Mrs Linda Dempster
E-mail: [REDACTED]
Phone Number [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

Please ensure that if your travel plans include a flight on a WestJet Encore turboprop aircraft that you review the [following details](#) as there are some differences in allowances and amenities from flights on our larger WestJet Boeing 737 aircraft.

If you are flying to Dublin, there are also some [specific regulations](#) you should be aware of before you leave.

Guest

Mrs. Linda Dempster

Flight

Vancouver (YVR)-Edmonton (YEG)

Ticket Number [REDACTED]

Seat

YVR-YEG: 3D

Air Itinerary Details

WS140
WestJet

Vancouver, CA
Sun 22 Mar, 2015 09:10 AM

Edmonton, CA
Sun 22 Mar, 2015 11:36 AM

Fare type: Plus
Non-stop

Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 313.00	CAD 18.00	CAD 45.03	CAD 376.03	x 1	CAD 376.03

Total airfare: CAD 376.03

Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 17.91
CA	Air Travellers Security Charge (ATSC)	CAD 7.12
SQ	Airport Improvement Fee (AIF)	CAD 20.00

Total taxes: CAD 45.03

Fare family benefits

Expenses Reimbursed to AHS

YVR-YEG: Plus Seat Sale Benefits

- No fee for first and second checked bags¹
- Excess checked baggage fee of \$75-88.50 CAD per eligible piece¹
- No change fees, just the difference in fare (if applicable)
- Refundable to original form of payment (fee applies) or fully refundable to travel credit
- Extra legroom seats which include food and beverages from our on-board menu, advance boarding and seat selection^{1,2}
- Priority security screening (at available airports)¹

¹ Not applicable on flights operated by our airline partners. ² Our 767-300 wide-body aircraft also includes wider seats in Plus. Seats in Plus on flights operated by WestJet Encore do not have extra legroom.

Seats

Plus fare seat WS 140 YVR - YEG Seat 3D Mrs Linda Dempster CAD 0.00 + CAD 0.00 Tax
Total Seats: CAD 0.00

Total

Charged to MASTERCARD CAD 376.03 ✓

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#). It is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage info](#) page.
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) (Buy on board, [up! magazine](#) and more)
 - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

March 22, 2015



CASH RECEIPT

DELTA SUNSHINE TAXI LTD.
TSAWWASSEN TAXI LTD.
594-5444 • 594-1111 • 943-1111
1-877-943-TAXI

Date: MAR 22/15

65.00

From: [Redacted]

To: YUR

Driver: [Signature]

Cab No.: [Redacted]

"Put a little Sunshine into your day"

②

Cab to
Vancouver
Airport



GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

③

Exit Lane 22/03/15 12:21
Receipt [Redacted]

Short-term parking tkt
HL - No. 093557
22/03/15 11:26
22/03/15 12:25
Period 0d1h0'
(Tax) \$7.00

Total \$7.00

Payment Received
VISA [Redacted] \$7.00

Merc Auth [Redacted] 40013
Type: Swiped

Sub Total \$6.67
Tax 5% \$0.33

00730C0F 1/1



BEER REVOLUTION - OLIVER SQUARE

④

[Redacted] ble #Party 1
NIGHT B [Redacted] 19:24 03/22/15
Separate checks: 1-of-2

1 EVERYDAY NORMAL GUY PIZZA 18.00
DERRIK 0.00
Sub Total 18.00
Tax 0.90

03/22 19:36 TOTAL: 18.90

11736 - 104TH AVE N.W.
EDMONTON, ALBERTA, CANADA
www.beerrevolution.ca

GST(5%) #86281 2112
WE SELL GIFT CARDS!
JUST ASK YOUR SERVER.
PLEASE PAY SERVER

Expenses Reimbursed to AHS

MEMBERS #15
736 NW 104th Avenue
Edmonton, AB
T5E 0E6
03/22/15 19:36:77

TRANSACTION RECORD

an. #: [Redacted]
ack #: [Redacted]
Employee [Redacted]
Employee [Redacted]

SA Purchase
ID: A0000000031010

Amount CAD\$18.

ROVE [Redacted]
001 [Redacted]
5MS03 BR15WC03
001001005
5/03/22 19:43:00

: 0000008000
: P000

Customer Copy

THANK YOU
Come Again

Dinner
march 22/15

March 23/15



BREWSTERS BREWING CO
AND RESTAURANT

Table [REDACTED]
SvrCk: [REDACTED] 13:43 03/23/15

1 COFFEE 3.25
1 SODA 3.50
2 SOUP WONTON 29.98

Sub Total: 36.73
Tax: 1.84

03/23 14:26 TOTAL: 38.57

GST(5%) #R128932894
OLIVER SQUARE WEST
11620 104 AVENUE
EDMONTON, ALBERTA
TAKE OUR BEER HOME WITH YOU!
ASK YOUR SERVER ABOUT OFFSALES

PLEASE PAY SERVER

BREWSTERS #5
11620 104th Avenue
Edmonton, AB
T6K 2T7
780-482-4677

** TRANSACTION RECORD **

Tran. #: [REDACTED]

Check #: [REDACTED]
Employee [REDACTED]
Employee [REDACTED]

USA Purchase
[REDACTED]

Amount \$38.57
Tip \$3.86

=====
TOTAL CAD\$42.43

APPROVED [REDACTED]
00-001 [REDACTED]
BRO5UC09 [REDACTED]
06001003 [REDACTED]
03/23 14:26:46
TVR: 000008000
TSI: F800

Customer Copy

THANK YOU
Come Again

Lunch

max
Claim

\$30.00

5

Expenses Reimbursed to AHS

March 24/15

Brits Fish & Chips Check 222813

11603-104 Avenue
Edmonton AB T5K 2R1
Tel. (780)452-7000

To Stay
03/24/15 1:49 PM

Table [REDACTED]

Waiter [REDACTED]

1 1 pc Halibut	16.00
Fish & Chips	
Lemon	
1 Chicken Curry Pie	8.00
1 Sm Bottled Pop	3.00

Taxable: 27.00

Sub-total: 27.00

GST: 1.35

Total Due: 28.35 ✓

Visa: 28.35

BRITS FISH AND CHIPS DOW
11603 104 AVE
EDMONTON, AB
T5K 2R1
780-452-7000

SALE

MID: 8024252796
TID: 0089250008024252796000

REF [REDACTED]

Batch [REDACTED]
03/24/ [REDACTED] 13:54:12
APPR [REDACTED]
Trace: [REDACTED]
[REDACTED] Chip [REDACTED]

AMOUNT \$28.35

APPROVED

VISA
AID: A0000000031010
TVR: 00 00 00 80 00
TSI: F8 00

Lunch

Expenses Reimbursed to AHS

(6)

28.35 L

33.94 D

62.29 ✓

March 24/15
Dinner

CHECK # [REDACTED] DATE 24/03/15
TABLE # [REDACTED] TIME 4:56PM

-- RESTAURANT : [REDACTED] --

ITEMS ORDERED	AMOUNT
1 1/2 MISTA	5.00
1 LING VONG CREAM	9.99
1 SPAG POLPETI	9.99
1 POP	2.59

[REDACTED]

SUBTOTAL 34.06
GST PLUS 1.71

TOTAL DUE 35.77

ROUNDED TOTAL 35.75

Expenses Reimbursed to AHS \$40.77

6.89
28.94
5.00
33.94

* TRY OUR NEW LOCATION IN *
* CLAREVIEW 13712-40st. *
* 780-456-3211 *

GST#: R108189202

CLAREVIEW CAFE & RESTAURANT
10501 82 ND AVE
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2015/03/24
TIME 1878 16:58:20
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$35.77
TIP \$5.00
TOTAL

\$40.77

VISA 33.94 ✓
[REDACTED]
45743D6510250639
0000008000-EB00
4C5E1AB03FE80633
0000008000-FB00

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

March 25/15
Lunch/Dinner



BREWSTERS BREWING CO
AND RESTAURANT

MAIN N SvrCk: [redacted] 18:46 03/25/15

1 SIDE CAESAR 6.99
1 MAC & MEATLOAF 16.99

Sub Total: 31.23

Tax: 1.56

03/25 18:59 TOTAL: 32.79

- 7.61

GST(5%) #R128932894

OLIVER SQUARE WEST

11620 104 AVENUE

EDMONTON, ALBERTA

TAKE OUR BEER HOME WITH YOU
ASK YOUR SERVER ABOUT OUR SALES

PLEASE PAY SERVER

Harvey's 2438
10358 109th St NW
Edmonton, AB, T5J 4X9
(780) 497-7557
624367460RT0001

Chk [redacted] Mar25'15 02:24P Gst 1

Takeout

1 Orig 4.59
Cash CDN 5.00

Subtotal 4.59

GST 0.23

Payment 4.59

Change Due 0.00

*Total Due (Cash only) 4.80

We'd Love To Hear
How We Did Today.

Contact us at:
guestservices-harveys@cara.com
or call 1-844-729-7828

Expenses Reimbursed to AHS

25.18 (7)
4.82
30.00 ✓

March 26/15
Lunch/Dinner

QWIK WOK
KINGSWAY MALL
780-474-7376

03/26/2015 000000
SERV.01 0001

2 SMALL MEAT \$6.95
MOSE ST \$6.95
GST \$0.35

CASH \$7.30

Lunch
D. Dempster



BREWSTERS BREWING CO
AND RESTAURANT

Table [redacted]
MAIN N SvrCk: [redacted] 17:47 03/26/15
Separate checks: [redacted]

BREWSTERS #5
11620 104th Avenue
Edmonton, AB
T5M 2T7
780-483-4677

TRANSACTION RECORD #:

Check #:
Employee #:
Employee Name:

UISE Purchase

AID: A000000003101.

Amount Paid: [redacted]

APPROVE [redacted]
00-001 [redacted]
BROS5032/BR05.1
100100101
/03/2 13.08:17

Customer Copy

THANK YOU
Come Again

1 CHICKEN CAESAR 14.99
1 SOUP SALAD BREAD, w/ [redacted] ton,
w/caesar 12.99

Sub Total: 39.96
Tax: 2.00

03/26 18:07 TOTAL: 41.96

~~12.58~~

GST(5%) #R128932894
OLIVER SQUARE WEST
11620 104 AVENUE
EDMONTON, ALBERTA

29.38

TAKE OUR BEER HOME WITH YOU!
ASK YOUR SERVER ABOUT OFFSALES

PLEASE PAY SERVER

Expenses Reimbursed to AHS

8

7.30
29.38
36.68

March 28/15

CAB TAX RECEIPT
MARCH 28/2015

~~STATUS~~
PICK UP AT 3:45 PM
80.60

SURDELL CABS

1-604-588-8888

Cab - no receipt

\$ 80.60 ✓

see attached
attestation

(10)

HMSHOST
HARVEY'S
EDMONTON INTERNATIONAL AIRPORT

CHK [REDACTED] GST 1
MAR 28 '15 12:30PM

1	BURG ORIG	
1	1 BAC CH	6.49
1	1 CLAIR M	3.51
1	1 AIR MONTCLAIR M	
	- FRIGS R	2.29
1	- BURG CAN	5.59
	1 AC CH BTL	1.98-
		15.90
		0.79
		16.69
	CP	1.00
		3.31

--31: Total MAR 28 12:32PM--

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

TAMARA LAWLOR
780-890-4447
TAMARA.LAWLOR@HMSHOST.COM

GST #137512901

Your order number is: 8004

Expenses Reimbursed to AHS
Rec'd
(9)

Written Attestation for Lost Receipt

10

Date of Receipt: March 28, 2015
Description: Cab from airport to home (for spouse related to relocation expenses)
Amount: \$80.60 ✓

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

[Handwritten Signature]

Employee Signature

Deborah Prodes
Claim Approver Signature

Date Signed: June 19, 2015

Date Signed: June 19/15

Expenses Reimbursed to AHS

[Handwritten Signature]



Premiere Suites - Invoice

Page 1 of 1

Premiere Suites

#120, 625 4th Avenue SW
Calgary Alberta T2P 0K2
reserve.calgary@premieresuites.com
1-866-319-0210
GST# R98634712RT0001



PREMIERE
SUITES

Expenses Reimbursed to AHS

Invoice

Bill to: Derek & Linda Dempster



Date	2015-04-03
Invoice #	[Redacted]
Reservation #	[Redacted]

Terms	P.O. No.	Guest Name	Arrival Date	Departure Date
Terms - Due on receipt		Derek & Linda Dempster	(C) 2015-03-22	2015-06-22
Qty	Description		Rate	Amount
30	Rent from 04/01/2015 to 05/01/2015		\$107.76	\$3,232.80

Sub Total	CAD 3,232.80
Total	CAD 3,232.80
Payments/Credits	CAD 0.00
Balance Due	CAD 3,232.80

Suite ID : AVEC1163-308
Suite Address : 11633 105 Ave, Edmonton, Alberta

Expenses Reimbursed to AHS

Car transport to
Edmonton from Vancouver

12



INVOICE

1623 Cliveden Ave
Delta BC V3M 6V5
Phone [604.540.2433] Fax [604.540.2432]

INVOICE # [REDACTED]
DATE: March 2, 2015

TO:
Attn: David Demerit
[REDACTED]

Expenses Reimbursed to AHS

ITEM	VEHICLE DESCRIPTION	AMOUNT
Delivery to Edmonton	2010 Ford Taurus - [REDACTED]	\$675.00

GST # 655870807
PST # 10017261

SUBTOTAL	\$675.00
GST	\$23.75
PST	N/A
TOTAL DUE	\$708.75



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		[REDACTED]
Department Name	Position Title	Employee FTE
Collaborative Practice, Nursing & Health Professions	Vice President	[REDACTED]
Pre-Location (House hunting)		
Meals		
Accommodations		
Transportation		
Total Pre-Location	\$0.00	
Household		
Legal fees	\$0.00	✓
Real estate fees	\$0.00	
Household effects & One vehicle	\$708.75	
Mobile or Modular home	\$0.00	
Total Household	\$708.75	
Relocation		
Meals	\$194.56	✓
Subsistence allowance (Spouse or Partner)	\$0.00	
Subsistence allowance (Dependant)	\$0.00	
Transportation	\$1,291.19	
Total Relocation	\$1,485.75	
Temporary Accommodation		
Total Temporary Accommodation	\$1,232.80	✓
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	\$5,427.30	
Maximum Amount Allowed (up to 10% of base salary)	\$0.00	
<input type="checkbox"/> I confirm that these expenses are accurate. Employee Signature: <u>Linda Dempster</u> Date (yyyy-Mon-dd): <u>2015-Jun-18</u>		
<input type="checkbox"/> I have reviewed this Relocation Assistance Expense Claim Summary expenses and approve the amount \$ _____ for reimbursement. Manager's Name: <u>Vickie Kaminski</u> Manager's Signature: <u>Vickie Kaminski</u> Date (yyyy-Mon-dd): <u>2015.06.22</u>		

Expenses Reimbursed to AHS

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