

# **AHS Board and Executive Expense Report**

 Name
 Nancy Guebert

 Title
 Chief Program Officer Cancer Control Alberta (Interim)

 Location
 Calgary

Expenses submitted during the month of December 2015

						Travel (1)						
МММ-ҮҮ	Source Document	Purpose	A	irfare	Meals	Accommodat	ion	Other Travel	Total Travel	Professior Developme (2)	-	
Dec-15 Dec-15	P-Cards Direct Billing	Meetings Meetings		720		3	41	408	74 72			
Total			\$	720	\$ -	\$ 3	41	\$ 408	\$ 1,46	9 \$	- \$ -	\$
Total for the Month	\$ 1,469											

Maximum daily single meal expense claimed in the month	\$ -
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.

### 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.

Alberta Health Services

## Instruction:

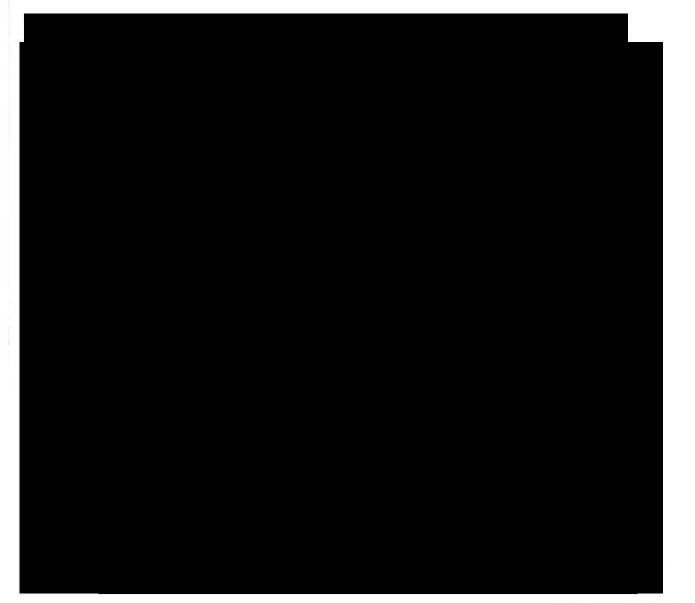
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

GUEBERT, NANCY Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/12/2015
CANCER CONTROL ALBERTA	TOM BAKER CANCER CENTRE		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$1.021.24 \$748.64
NANCY.GUEBERT@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	#:

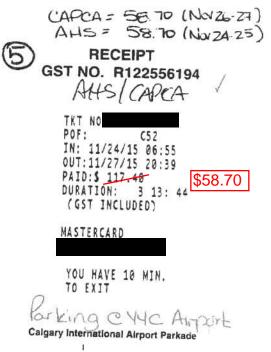
Statement of	of Transacti	ons						
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freigh	Description
24/11/2015	410988556	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61	.00	Taxi: Mtgs M. Parliament, G. Hufty, COEC
25/11/2015	410988555	PEARSON VISION LIMOUSI, LIMOUSINES AND TAXICABS	69.00	CAD	69:00	3.29		Taxi: Mtgs - CAPCA Board of Directors, CPAC Provincial Agencies & Program Council (AHS to be reimbursed by CAPCA)
25/11/2015	410988557	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61	.00	Taxi: Mtgs - CAPCA Board of Directors, CPAC Provincial Agencies & Program Council (AHS to be reimbursed by CAPCA)
26/11/2015	410988558	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel: Mtgs - M. Parliament, G. Hufty, COEC
27/11/2015	411178006	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	117.40	CAD	117.40 \$58.70	5.59		Parking:Mtgs - M. Parliament, G. Hufty, COEC, CAPCA Board of Directors, CPAC Provincial Agencies & Program Council (AHS
	411178007	LIMOUSINE SERVICES (PO, LIMOUSINES AND TAXICABS	69.00		69,00	.00		Taxi: Mtgs - CAPCA Board of Directors, CPAC Provincial Agencies & Program Council (AHS to be reimbursed by CAPCA)
30/11/2015	411578125	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	Parking: Mtgs - Cancer SCN Core Committee
07/12/2015	412286616	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	74.75	CAD	74.75	3.56		Taxi: Mtgs - Session on PAD, CCI Town Hall, Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials
07/12/2015	412286617	YELLOW CAB, LIMOUSINES AND TAXICABS	14.49	CAD	14.49	.69		Taxi: Mtgs - Session on PAD, CCI Town Hall, Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials
08/12/2015	412426448	YELLOW CAB, LIMOUSINES AND TAXICABS	20.70	CAD	20.70	.99		Taxi: Mtgs - Session on PAD, CCI Town Hall, Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials
08/12/2015	412651945	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	74.75	CAD	74.75	3.56		Taxi: Mtgs - Session on PAD, CCI Town Hall, Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials
08/12/2015	412651946	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80		Parking: Mtgs - Session on PAD, CCI Town Hall, Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials
09/12/2015	412426449	THE WESTIN EDMONTON, WESTIN HOTELS	162.79	CAD	162.79	30.45		Hotel: Mtgs - Session on PAD, CCI Town Hall Cap Mngmt and AB Infrastructure, Tour of CCI Inpatients, Cyclotron, Clinical Trials

Signatures		
Cardholder Designate (if Applicable) By signing this statement		n na
- I hereby certify that I have reviewed and reconciled this st	tatement in BMO Online to the best of my ability	in accordance to AHS Corporate Policies.
Program User Guide and Training. I have allocated the tra	ansaction(s) to the proper cost centre.	
Laura Lee Clouke	Greative Associ	att
Name of Cardholder Designate	Cardholder Designate Position/Title	=0
inulable Jaille	Dec.21/2015	
Signature of Cardholder Designate	Date of Signature	-
Cardholder By signing this statement I attest that I have read and understand the "Travel, Hospi expenses being claimed are in compliance with such polic I attest the expenses enclosed in this claim are for valid but	ey. Usiness purposes for Alberta Health Services and	d that this claim has not been previously
claimed by me or on my behalf from Alberta Health Servic charged is attached.	es or any other Organization. A personal cheque	for any personal expenses inadvertently
· I attest that expenses submitted in this claim have been in	curred by using a cost effective method, otherwi	se rationale and supporting analysis is
provided. GUEBERT, NANCY	CHIEF PROGRAM OFFICER	
Name of Cardnoider	Cardholder Position/Title	-
Aquer Mullert	Der712015	
Signature of Cardholder	Date of Signature	2
By signing this statement I attest that I have read and understand the "Travel, Hospi expenses being claimed are in compliance with such polic	y.	
<ul> <li>I attest the expenses enclosed in this claim are for valid bucclaimed by the claimant or on their behalf from Alberta Heacharged has been obtained.</li> <li>I attest that expenses submitted in this claim have been in provided.</li> <li>Martene Hamilton</li> <li>Name of Approver Designate</li> </ul>	alth Services or any other Organization. A person	nal cheque for personal expenses inadvertently se rationale and supporting analysis is Chrother
Signature of Approver Designate Approver	Date of Signature	
By signing this statement		
<ul> <li>I attest that I have read and understand the "Travel, Hospi expenses being claimed are in compliance with such polic</li> </ul>	tality and Working Session Expense Policy (112) y.	2)" of Alberta Health Services and confirm
<ul> <li>I attest the expenses enclosed in this claim are for valid bucclaimed by the claimant or on their behalf from Alberta Herecharged has been obtained.</li> <li>I attest that expenses submitted in this claim have been in provided.</li> </ul>	alth Services or any other Organization. A persor	nal cheque for personal expenses inadvertently
Dr. Francos Belanger	Geoutive Lead (	NA.
Name of Approver	Approver Position/Title	and the second
F	T // > = //	
Signature of Approver	Date of Signature	÷
Submit approved statement with attachments to Accounts Pa	vable:	
Attach:		
<ul> <li>Original (or scanned) itemized receipts with documented bus where required</li> </ul>	iness reasons including names of participants	Address: Alberta Health Services
<ul> <li>Signed Cardholder Statement Report (or copies of electronic And where applicable;</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> </ul>	signatures if signatures are not on report)	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Return, refund and/or credit receipts		
<ul> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – intermetal), why travel was necessary and detailed explanation of</li> </ul>		
Accounts Payable only:		
and the second	and the second states of the second	
Reference #: Review	ed by:	Date

Alberta Health Services









Y
RECEIPT
GST NO. R122556194
Att prace.
TKT NO POF: C52
IN: 11/30/15 08:42
OUT:11/30/15 15:05 PAID: \$ 29.35
DURATION: 0 06: 23 (GST INCLUDED)
MASTERCARD
HASTERCARD
YOU HAVE 10 MIN.
TO EXIT
Calgary International Airport Parkade
1
Parking at VIC AiRport.
(10)
(card)
la
VELLOW CAB 10135 31 AVENUE NW
10135 31 AVENUE N₩ Edmonton AB T6H-1C2 780-462-3456
lerm Id:45024124782211 MasterCard
HasterCard PURCHASE Op Id:109176
Card #: AID:40000000041010
****NOT COMPLETED****
AMOUNT CAD\$18.00 TIP CAD\$2.70
TOTAL CAD\$20.70
Ref.
TUR: TSI:
BOOK ON LINE AT EOMTAXI.COM Thank you for being our guest
GST 100403070
Date: 2015/12/08 Time: 07:58:36
***CUSTOMER COPY***
Hotel to CCI

IMPOC

3

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	icaul
18135 31	OW CAB Avenue NW Ab T6H-1C2 62-3456
Term Id:4502412 Item #:0122 MasterCard PURCHASE Op Id:69793	4782386
AID: A8080888841	010
APPROVED	
AMOUNT	CAD\$12.60 CAD\$1.89
TOTAL	CAD\$14.49
Ref. 1 Auth.1 Resp. Lode: 00 TVR: 400000000 TSI: E800	8
BOOK ON LIN	E AT EDMTAXI.COM R being our guest
	100403070
Date: 2015/12/ Response: AUTH	07 Time: 13:31:25
	MER COPY***
Certo	Sintife

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-426-3636 Fax: 780-428-1454

Nancy Guebert





3		Invoice Nbr	2
1			
1	24-NOV-15	18:29	
	25-NOV-15	08:32	
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Tax Invoice

Page Number

Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account

# Tax ID : 815461330RT0001

The Westin Edmonton 25-NOV-15 08:4

Date Refer	ence Description	Charges (CAD)	Credits (CAD)
24-NOV-15	Room Charge	159.00	
24-NOV-15	GST	8.19	
24-NOV-15	Destination Marketing Fee	4.77	
24-NOV-15	Tourism Levy	6.55	
25-NOV-15	Mastercard		-178.51
	** Total	178.51	-178.51
	*** Balance	0.00	

FUEL YOUR BODY - It's easy to maintain a healthy lifestyle on the road. Our extensive SuperFoodsRx(TM) menu features nutrient-rich, delicious dishes t hat fuel your body and give you the focused energy you need. Discover dishes to supercharge your day at westin.com/eatwell

Continued on the next page

Pearer D

PRESILGE IRRNSPORTATION 10135 31 Avenue NW Edwonton AB T6N-1C2 780-463-5000

Ter∺ I3:4502412509461 Ite∺ #:1233 HasterCard PURCH6SE D≠ IJ:847895 Card #

# AID: A0000000041010

## APPROVED

ANOUNT	CAD\$65.00 CAD\$9.75
1 1 1	=========
TOTAL	CAD\$74.75

Ref. Auth. Resr, tode: 00 TVF: 4000000000 TSI: 6000 Book on line at EDMPRESIBE.COM Thank you for being our guest 6SI 862184769 Date: 2015/12/08 Time: 17:22:05 Response: AUTH \*\*\*CUSTOMER COPY\*\*\*

CCI to NEG Airport

GST NO. R122556194 +) Carcl TKT NO: POF: IN: 12/07/15 07:19 OUT: 12/08/15 19:39 PAID: \$ 58.70 DURATION: 1 12: 20 (GST INCLUDED)

RECEIPT

# MASTERCARD

1

YOU HAVE 10 MIN. TO EXIT

Calgary International Airport Parkade

Parking al AVC Arport

# · Sessim in Phys. Assisted Death.

- CCI Iown Hall Hitg
   Mig w Cap Management = AB Infrastructure
- · Tour of Cellinptrits, Cyclotion, Clinical Trials

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-426-3636 Fax: 780-428-1454

#### Nancy Guebert



4		Invoice Nbr
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1		
3	07-DEC-15	15:47
;	08-DEC-15	07:32
	1	
3		

Tax Invoice

Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account

#### Tax ID : 815461330RT0001 The Westin Edmonton 08-DEC-15 07:40 BRADSMO

Date	Reference	Description	Charges (CAD)	Credits (CAD)
07-DEC-15		Room Charge	145.00	
07-DEC-15	8	GST	7.47	
07-DEC-15	8	Destination Marketing Fee	4.35	
07-DEC-15	2	Tourism Levy	5.97	
08-DEC-15		Mastercard		-162.79
		** Total	162.79	-162.79
		*** Balance	0.00	

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store

Continued on the next page



# **Expense Report Direct Bill Summary**

# **Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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:

lame : Nancy Guebert	Reporting Period for the Month of : Dec-15
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YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Nov-2015	Direct Billing	Airline Ticket	Meetings Jan 4 th to 7 th	Marlin Travel	335.18
9-Dec-2015	Direct Billing	Airline Ticket	Change fee to due to schedule changes to accommodate meetings	Marlin Travel	50.00
27-Nov-2015	Direct Billing	Airline Ticket	Meetings Breast reconstruction services ,CCA reasearch strategy Review.	Marlin Travel	335.18
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month			\$ 720.36		

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference: November 27, 2015 1/2

# INVOICE



Monday, January 4, 2016 乘 Air

> AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 04Jan16 AIR CANADA E SEAT 7C - GUEBERT/NANCY MS TICKET NUMBER SEAT 2C

Flight: 8441 G CLASS 08:30 AM Equipment: DH4 09:22 AM

Mile(s) Flown: 163

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4	Invoice Number: Date: Page: Our Reference:	November 27, 2015 2/2
	ΙΝΥΟΙCΕ	
Wednesday, January 6, 2016 ≪ Air		
AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 06Jan16 AIR CANADA E SEAT 7C - GUEBERT/NANCY MS TICKET NUMBER SEAT 2C	Flight: 8153 G CLASS 06:40 PM Equipment: DH4 07:34 PM	Mile(s) Flown: 163
Cost: AIR CANADA WE	Tax: Ticket Total:	260.22 74.96 <b>335.18</b>
Total:	Grand Total:	335.18

Grand Total:	335.18
Less Credit Card Payments:	335.18
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD.. ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER...... PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE. CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915 Branch:

Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 -to accomposate meetings booked un Jan 7/16.

Invoice Number: Date: Page: Our Reference:

December 9, 2015 1/2

# INVOICE

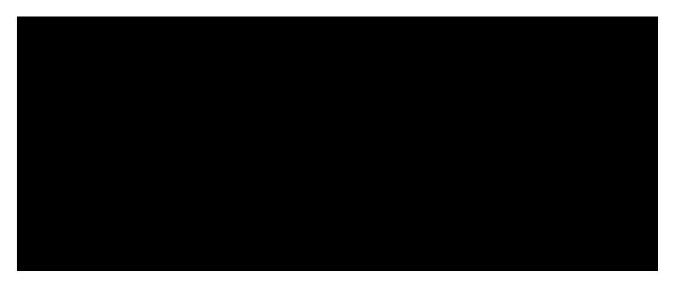


Monday, January 4, 2016 Air

> AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 04Jan16 AIR CANADA E SEAT 7C - GUEBERT/NANCY MS TICKET NUMBER SEAT 2C

Flight: 8441 G CLASS 08:30 AM Equipment: DH4 09:22 AM

Mile(s) Flown: 163



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:

December 9, 2015 2/2

0.00

# INVOICE

# Thursday, January 7, 2016 ≪ Air

Flight: 8153 G CLASS	
06:40 PM Equipment: DH4	
07:34 PM	Mile(s) Flown: 163
	06:40 PM Equipment: DH4

Cost:	
AIR CANADA WEI	50.00 change fee
Total:	
Grand Total:	50.00
Less Credit Card Payments:	50.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	335.18
Total Charges Previous Invoices:	335.18

**Total Balance Due:** 

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:.....PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER......PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE. CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA. MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915

Branch:

Agent:

To: ALBE<mark>RTA HEADTH SERVICES</mark> SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:



# INVOICE



Monday, January 11, 2016 • Air

> AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 11Jan16 AIR CANADA E SEAT 2C TICKET NUMBEF

 Flight:
 8441
 G CLASS

 08:30 AM
 Equipment:
 DH4

 09:22 AM

Mile(s) Flown: 163

To: ALBERTA HEALTH SERVICES Invoice Number: Date: November 27, 2015 SUITE 800, NORTH TOWER Page: 2/2 10030-107 ST **Our Reference: EDMONTON AB CA T5J 3E4** INVOICE Tuesday, January 12, 2016 🐳 Air G CLASS Flight: 8153 AIR CANADA 06:40 PM Equipment: DH4 From: EDMONTON INTL AB Mile(s) Flown: 163 CALGARY AB 07:34 PM To: Arrival: 12Jan16 Stops: 0 AIR CANADA E SEAT 2C TICKET NUMBER Cost: AIR CANADA WE 260.22 74.96 Tax: **Ticket Total:** 335.18 Total:

Grand Total:	335.18
Less Credit Card Payments:	335.18
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED. DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD.. ....PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER...... PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE. CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDER WRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.