

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 February 2016

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)
Feb-16	P-Card	Meetings			552	485	1,037			
Feb-16	Direct Billing	Meetings	698				698			
Total			\$ 698	\$ -	\$ 552	\$ 485	\$ 1,735	\$ -	\$ -	\$ -

Total for the Month \$ 1,735

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 164
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.

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:	20/02/2016
CANCER CONTROL ALBERTA Cardholder's Dept	TOM BAKER CANCER CENTRE Cardholder's Site/Location	Total Statement Amount:	\$1,037.04
NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/02/2016	417049026	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00Taxi: Migs - Linac MR IAS Perspective, DYAD Proc- Tumour Teams
03/02/2016	416149457	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00Taxi: Migs Linac MR IAS Perspective, DYAD Prov Tumour Groups, Orientation (Daryl Sizer), ERC Steering Committee, 1.1 D
03/02/2016	418149459	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	88.05	CAD	88.05	4.19		00Parking: Taxi: Migs Linac MR IAS Perspective, DYAD Prov Tumour Groups, Orientation (Daryl Sizer), ERC Steering
04/02/2016	418149458	WESTIN (WESTIN HOTELS), WESTIN HOTELS	368.25	CAD	368.25	0.00		00Hotel: Mig Linac MR IAS Perspective, DYAD Prov Tumour Groups, Orientation (Daryl Sizer), ERC Steering Committee, 1.1 D
08/02/2016	418567605	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00Taxi: Mig Align AIHS & ACPLF, CAPCA Board, Core Learning (L. Ross), ATP PAC Annual, DYAD Community Oncology
08/02/2016	418567606	YELLOW CAB, LIMOUSINES AND TAXICABS	25.30	CAD	25.30	1.20		00Taxi: Mig - CCA/SCN Summit planning meeting (B O'Neill)
09/02/2016	418716937	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00Taxi: Mig Taxi: Mig Align AIHS & ACPLF, CAPCA Board, Core Learning (L. Ross), ATP PAC Annual, DYAD Community Oncology
09/02/2016	418929714	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80		00Park: Mig Align AIHS & ACPLF, CAPCA Board, Core Learning (L. Ross), ATP PAC Annual, DYAD Community Oncology
10/02/2016	418716938	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	0.00		00Hotel: Mig Align AIHS & ACPLF, CAPCA Board, Core Learning (L. Ross), ATP PAC Annual, DYAD Community Oncology
15/02/2016	410203018	MPARK00030322U, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	0.43		00Parking: Mig Introduction Cdn Cancer Society (D Hinds, S Cron)

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

SELENE SPELL
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

EXECUTIVE ADMIN. COORD
Cardholder Designate Position/Title

Feb. 24/2016
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

GUEBERT, NANCY
Name of Cardholder

[Signature]
Signature of Cardholder

CHIEF PROGRAM OFFICER
Cardholder Position/Title

Feb 25, 2016
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Audrey Maione
Name of Approver Designate

[Signature]
Signature of Approver Designate

Exec Admin. Coord.
Approver Designate Position/Title

Mar. 2/16
Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Francois Belanger
Name of Approver

[Signature]
Signature of Approver

AI/VP Quality + CRO
Approver Position/Title

March 9 2016
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter
- Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #:

Reviewed by:

Date:

Pcard

①

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509461
Item #:1303
MasterCard
PURCHASE
Op Id:847895
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

TOTAL CAD\$75.90

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. #: [REDACTED]
TUR: 4000000000
TSI: E800

\$75.90

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/02/03 Time: 09:50:46

Response: AUTH [REDACTED]

RECEIPT

GST NO. R122556194

⑨

TKT NO [REDACTED]
POF: C52
IN: 02/08/16 06:55
OUT: 02/09/16 19:43
PAID: \$ 58.70
DURATION: 1 12: 48
(GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN.
TO EXIT

FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

Parking yyc Airport
(Feb. 8-9)

Pcard

②

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509461
Item #:1306
MasterCard
PURCHASE
Op Id:847895
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

TOTAL CAD\$75.90

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. #: [REDACTED]
TUR: 4000000000
TSI: E800

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/02/03 Time: 10:06:23
Response: AUTH [REDACTED]

SunLife Place to YEG Airport

④

RECEIPT
GST NO. R122556194

Pcard

TKT [REDACTED]
POF: C52
IN: 02/01/16 06:59
OUT: 02/03/16 20:18
PAID: \$ 88.05
DURATION: 2 13: 19
(GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN.
TO EXIT

FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

Parking yyc
Airport (Feb 1-3)

TICKET VOID IF RE-SOLD

Pcard

IMPERIAL PARKING
403 299 7275

impark

Trans: [REDACTED]

Time: 9:51A FEB 16
WWW.IMPARK.COM

Price: \$ 9.00

Card: [REDACTED]

Expires: [REDACTED]

11:11A TUE
FEB 16 16

GST REG # 9102466000

INSTRUCTIONS ON BACK-

WWW.IMPARK.COM

PATROLLED BY IMPARK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

⑩

Parking in Calgary
NE for Cdn
Cancer Society
Mtg.

PCard

⑤

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509461
Item #: 1314
MasterCard
PURCHASE
Op Id: 211895
Card # [REDACTED]

AID: A0000000041010

APPROVED

AMOUNT	CAD\$66.00
TIP	CAD\$9.90
=====	
TOTAL	CAD\$75.90

Ref. [REDACTED]
Auth. [REDACTED]
Resp. [REDACTED]
TUR: 4000000000
TSI: E800

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2016/02/08 Time: 09:10:19
Response: AUTH [REDACTED]

PCard

⑥

YELLOW CAB
10135 31 Avenue NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id: 45024124782359
Item #: 0830
MasterCard
PURCHASE
Op Id: 211895
Card # [REDACTED]

AID: A0000000041010

APPROVED

AMOUNT	CAD\$22.00
TIP	CAD\$3.30
=====	
TOTAL	CAD\$25.30

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. [REDACTED]
TUR: 4000000000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/02/08 Time: 17:05:16
Response: AUTH [REDACTED]

PLEASE VERIFY COPY

⑦

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509461
Item #: 1319
MasterCard
PURCHASE
Op Id: 847895
Card # [REDACTED]

AID: A0000000041010

APPROVED

AMOUNT	CAD\$66.00
TIP	CAD\$9.90
=====	
TOTAL	CAD\$75.90

Ref. [REDACTED]
Auth. [REDACTED]
Resp. [REDACTED]
TUR: 4000000000
TSI: E800

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2016/02/08 Time: 17:15:44
Response: AUTH [REDACTED]

- Linac MR IAS Perspective
- DYAD - Prov. Tumour Groups
- Orientation w/ Daryl Silzer
- ELC Steering Committee
- 1:1 (D. Rose, M. Pashamant)

③

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

WESTIN®
HOTELS & RESORTS

Nancy Guebert

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 01-FEB-16 09:53
Depart Date : 03-FEB-16 08:08
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 03-FEB-16 08:10 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
01-FEB-16	[REDACTED]	Room Charge	164.00	
01-FEB-16	[REDACTED]	GST	8.45	
01-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
01-FEB-16	[REDACTED]	Tourism Levy	6.76	
02-FEB-16	[REDACTED]	Room Charge	164.00	
02-FEB-16	[REDACTED]	GST	8.45	
02-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
02-FEB-16	[REDACTED]	Tourism Levy	6.76	
03-FEB-16	[REDACTED]	Mastercard		-368.26
** Total			368.26	-368.26
*** Balance			0.00	

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts.
Book your next Westin Weekend at westin.com/weekend

Continued on the next page

- Align AHS & AEPHF in Business Plan (8)
- Core Learning Opportunities (L. Ross)
- ATP PAC Annual Mtg.
- DyAD Community Oncology

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

WESTIN
HOTELS & RESORTS

Nancy Guebert

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 08-FEB-16 16:34
Depart Date : 09-FEB-16 12:00
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 09-FEB-16 03:20 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
08-FEB-16	[REDACTED]	Room Charge	164.00	
08-FEB-16	[REDACTED]	GST	8.45	
08-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
08-FEB-16	[REDACTED]	Tourism Levy	6.76	
09-FEB-16	[REDACTED]	Mastercard		-184.13
** Total			184.13	-184.13
*** Balance			-0.00	

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: **YES**

Name :	Nancy Guebert	Reporting Period for the Month of :	January 21, 2016 to February 20, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Feb-2016	Direct Billing	Airline Ticket	Meetings in Edmonton March 16-18: Alberta Health (Alberta Cancer Plan 2030) 2:1 and 1:1 Mtgs, CCMD, CCELC	Marlin Travel	344.48
19-Feb-16	Direct Billing	Airline Ticket	Meetings in Edmonton March 20-24: ACF Award Stipulations, CPRO Grants, Structures and Planning Processes, CPAC & Prov Cancer Agency/Program Council, 2:1 and 1:1 Mtgs, Philips Oncology, Proton Beam Therapy in AB, IM/IT Executive, Cyclotron/ERC, Oncology Drug Sustainability, CCI Mock Tracers, Executive Steering Committee for Calgary Cancer Project	Marlin Travel	353.78
					-
					-
Total Paid in the Month					\$ 698.26

①

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

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

Invoice Number: [REDACTED]
Date: February 19, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS NANCY GUEBERT
AC [REDACTED]

Wednesday, March 16, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 16Mar16
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER [REDACTED]
SEAT 9D [REDACTED]

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

Mile(s) Flown: 163

[REDACTED]

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

Invoice Number:
Date:
Page:
Our Reference:

February 19, 2016
2/2

INVOICE

Friday, March 18, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 18Mar16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8153 G CLASS

06:40 PM Equipment: DH4

07:34 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE

269.52

Tax: 74.96

Ticket Total: 344.48

Total:

Grand Total: 344.48

Less Credit Card Payments: 344.48

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.

2

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:

February 19, 2016

Page:

1/2

Our Reference:

INVOICE

For

MS NANCY GUEBERT

AC

Sunday, March 20, 2016

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 20Mar16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8160 G CLASS

08:40 PM Equipment: DH4

09:32 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: February 19, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, March 24, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 24Mar16

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 9D

Flight: 8153 G CLASS

06:40 PM Equipment: DH4

07:34 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED] 278.82

Tax: 74.96

Ticket Total: 353.78

Total:

Grand Total: 353.78

Less Credit Card Payments: 353.78

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.