

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 April 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)
Apr-16	P-Card	Meetings			1,105	527	1,632			
Apr-16	Direct Billing	Meetings	354				354			
Total			\$ 354	\$ -	\$ 1,105	\$ 527	\$ 1,986	\$ -	\$ -	\$ -

Total for the Month \$ 1,986

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

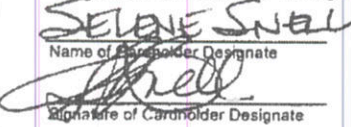
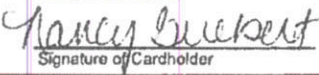


Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

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:	20/04/2016
CANCER CONTROL ALBERTA Cardholder's Dept	TOM BAKER CANCER CENTRE Cardholder's Site/Location	Total Statement Amount:	\$1,631.54
NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
18/03/2016	423024891	YELLOW CAB, LIMOUSINES AND TAXICABS	20.93	CAD	20.93	1.00		Taxi from Westin to Delta South to attend CARNA Conference	✓
18/03/2016	423024893	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	88.05	CAD	88.05	4.19		00 Parking at YYC (Edmonton mtgs Mar 16-18 Alberta Health rep & Cancer Plan 2000, 1.1 mtgs, CCA Exec mtgs - ED, CCMDC.	✓
18/03/2016	423408241	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	69.00	CAD	69.00	3.28		00 Taxi from YEG to SunLife (Edmonton mtgs Albert Health & Cancer Plan 2000, 1.1 mtgs, CCA Exec mtgs - ED, CCMDC, CCELC,	✓
19/03/2016	423024892	WESTIN (WESTIN HOTELS), WESTIN HOTELS	368.26	CAD	368.26	00		00 YEG Accommodations (Edmonton mtgs Mar 16-18, Alberta Health rep & Cancer Plan 2000, 1.1 mtgs, CCA Exec mtgs - ED,	✓
20/03/2016	423408242	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00 Taxi YEG to SunLife (Migs 1.1, Structure planning/process, CPAC and PCA, CCI Dyad, Philips Oncology options, CMO Portfolio)	✓
22/03/2016	423622359	YELLOW CAB, LIMOUSINES AND TAXICABS	16.79	CAD	16.79	80		Taxi from SunLife to CCI for CMO Portfolio and Proton Beam Therapy mtgs	✓
24/03/2016	423622358	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00 Taxi SunLife to YEG (Migs 1.1, Structure planning/process, CPAC and PCA, CCI Dyad, Philips Oncology options, CMO Portfolio)	✓
24/03/2016	423622360	YELLOW CAB, LIMOUSINES AND TAXICABS	16.79	CAD	16.79	80		Taxi from Westin to CCI for mtgs (Drug Sustainability, Mock Tracers, 1.1 Matt/Nancy)	✓
24/03/2016	423622362	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	117.40	CAD	117.40	5.56		00 Parking YYC Edm (Migs 1.1, Structure planning/process, CPAC and PCA, CCI Dyad, Philips Oncology options, CMO Portfolio)	✓
25/03/2016	423822381	WESTIN (WESTIN HOTELS), WESTIN HOTELS	736.52	CAD	736.52	00		00 Accommodations Edm (Migs 1.1, Structure planning/process, CPAC and PCA, CCI Dyad, Philips Oncology options, CMO Portfolio)	✓
01/04/2016	424478631	PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	20.00	CAD	20.00	.95		Parking at Hotel Alma for Dept of Oncology Research Strategic Planning Retreat	✓
16/04/2016	426054894	AHS SMCHC PARKING ZEAG, AUTOMOBILE PARKING LOTS AND	26.00	CAD	26.00	1.24		Parking at Sheldon Chumir for Provincial Tumour Group Meetings	✓

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>SELENE SNAIL</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>EXEC ADMIN COORDINATOR</u> <small>Cardholder Designate Position/Title</small> <u>April 25/2016</u> <small>Date of Signature</small>	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>GUEBERT, NANCY</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small>	<u>CHIEF PROGRAM OFFICER</u> <small>Cardholder Position/Title</small> <u>April 25, 2016</u> <small>Date of Signature</small>	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Audrey Malone</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Exec Admin Coord.</u> <small>Approver Designate Position/Title</small> <u>Apr. 28/16</u> <small>Date of Signature</small>	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Dr. Francois Belanger</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>A/VP Quality + CMO</u> <small>Approver Position/Title</small> <u>May 9 2016</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: _____

①

Pcard

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

Term Id:4502412478281
Item #:0760
MasterCard
PURCHASE
Op Id:756541
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$18.20
TIP CAD\$2.73
=====
TOTAL CAD\$20.93

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

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

GST 100403070

Date: 2016/03/18 Time: 08:07:38
Response: AUTH [REDACTED]

CUST COPY

②

RECEIPT
GST NO. R122556194

Pcard

TKT NO: [REDACTED]
POF: C52
IN: 03/16/16 07:12
OUT: 03/18/16 17:55
PAID: \$ 88.05
DURATION: 2 10: 43
(GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN.
TO EXIT

YYC

YYC CALGARY INTERNATIONAL AIRPORT

Pcard

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

Term Id:4502412509461
Item #:1395
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. Code: 00
TUR: 4000008000
TSI: E800

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

Date: 2016/03/20 Time: 22:04:17
Response: AUTH [REDACTED]

CUST COPY

③

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

Term Id:4502412509461
Item #:1395
MasterCard
PURCHASE
Op Id:847895
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$60.00
TIP CAD\$9.00
=====
TOTAL CAD\$69.00

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/03/18 Time: 15:26:08
Response: AUTH [REDACTED]

CUST COPY

6

leaves to cell for PBT

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id:45024124782233
Item #:0583
MasterCard
PURCHASE
Op Id:178811
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$14.60
TIP CAD\$2.19
=====
TOTAL CAD\$16.79

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

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

GST 100403070

Date: 2016/03/27 Time: 15:20:32
Response: AUTH [REDACTED]

CUSTOMER COPY

RECEIPT

GST NO. R122556194

TKT NO: [REDACTED]
POF: C50
IN: 03/20/16 19:27
OUT: 03/24/16 18:26
PAID: \$ 117.40
DURATION: 3 22: 59
(GST INCLUDED)

MASTERCARD

[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



7

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5800

Term Id:4502412509461
Item #:1399
MasterCard
PURCHASE
Op Id:047005
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00
TIP CAD\$9.00
=====
TOTAL CAD\$75.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST NO. 104769

Date: 2016/03/27 Time: 16:04:4
Response: AUTH [REDACTED]

CUSTOMER COPY

\$75.90

11

PLACE ON DASH
FACE UP

Terminal: 3A

Plate [REDACTED]
Valid through:
FRIDAY 01 APR 16
11:59 PM

AMOUNT PAID: \$20.00
ENTRY TIME: 4/1/2016 7:50 AM
RECEIPT NO: [REDACTED]

01700445

GST# CA 108102864

Please leave this plate

4

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id:45024124782342
Item #:0608
MasterCard
PURCHASE
Op Id:5551
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$14.60
TIP CAD\$2.19
=====
TOTAL CAD\$16.79

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

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

GST 1004030 0

Date: 2016/03/24 Time: 07:43:40
Response: AUTH [REDACTED]

CUSTOMER COPY

PLACE ON DASH
FACE UP

Terminal: 3A

Plate: [REDACTED]
VALID THROUGH:
01APR16
11:59 PM

AMOUNT PAID:
\$20.00
ENTRY TIME:
4/1/2016
7:50 AM
RECEIPT NO: [REDACTED]

01700446

12

Pcard Board
Procurement Mtg.

Alberta Health
Services
SMCHC Lot 1
RECEIPT

ENTRY DATE/TIME:
15/04/16 08:05
PAY DATE/TIME:
15/04/16 15:17
PARK-DUR.: HRS:MIN
0:07:12

ALLOWED EXIT TO:
04/15/16 15:31

PAID: \$ 26.00
MASTER CARD

REF. ZU

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-955-8300 *

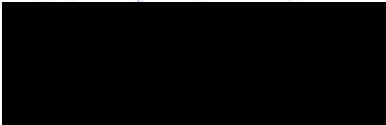
#4

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 : 16-MAR-16 12:38
Depart Date : 18-MAR-16 07:52
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 18-MAR-16 08:00 [REDACTED]

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

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Sup archefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Continued on the next page

#10

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

WESTIN®

HOTELS & RESORTS

Nancy Guebert
Alberta Health Services

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 20-MAR-16 22:07
Depart Date : 24-MAR-16 07:27
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 24-MAR-16 07:30

Date	Reference	Description	Charges (CAD)	Credits (CAD)
20-MAR-16	[REDACTED]	Room Charge	164.00	
20-MAR-16	[REDACTED]	GST	8.45	
20-MAR-16	[REDACTED]	Destination Marketing Fee	4.92	
20-MAR-16	[REDACTED]	Tourism Levy	6.76	
21-MAR-16	[REDACTED]	Room Charge	164.00	
21-MAR-16	[REDACTED]	GST	8.45	
21-MAR-16	[REDACTED]	Destination Marketing Fee	4.92	
21-MAR-16	[REDACTED]	Tourism Levy	6.76	
22-MAR-16	[REDACTED]	Room Charge	164.00	
22-MAR-16	[REDACTED]	GST	8.45	
22-MAR-16	[REDACTED]	Destination Marketing Fee	4.92	
22-MAR-16	[REDACTED]	Tourism Levy	6.76	
23-MAR-16	[REDACTED]	Room Charge	164.00	
23-MAR-16	[REDACTED]	GST	8.45	
23-MAR-16	[REDACTED]	Destination Marketing Fee	4.92	
23-MAR-16	[REDACTED]	Tourism Levy	6.76	
24-MAR-16	[REDACTED]	Mastercard-2416		-736.52
		** Total	736.52	-736.52

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 : March 21, 2016 to April 20, 2016
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
21-Mar-2016	Direct Billing	Airline Ticket	Meetings in Edmonton March 30-31: Prov Practices Update; RT Activity Based Costing; ACF Investment Agreement; ACF Enhanced Care Grants; CAPCA Board Drug Pressures Trip was cancelled March 29th due to family emergency and credit is on account for future use.	Marlin Travel	353.78
					-
					-
Total Paid in the Month					\$ 353.78

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: March 21, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS NANCY GUEBERT
AC 125095901

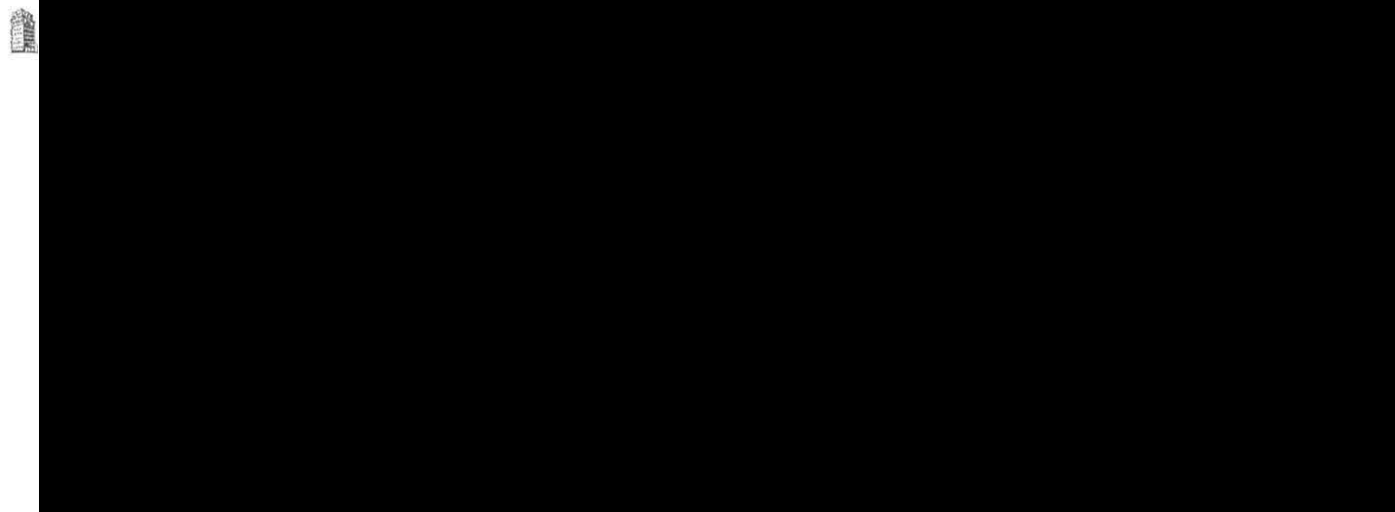
Wednesday, March 30, 2016

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 30Mar16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9C

Flight: 8441 W CLASS
08:30 AM **Equipment:** DH4
09:20 AM

Mile(s) Flown: 163



Thursday, March 31, 2016

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

Invoice Number: [REDACTED]
Date: March 21, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, March 31, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 31Mar16
Flight: 8153 G CLASS
06:40 PM Equipment: DH4
07:30 PM
Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Cost:		
AIR CANADA WE [REDACTED]	[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.