

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 May 2016

							Travel	(1)						
MMM-YY	Source Document	Purpose	Ai	irfare	Ī	Meals	Accommod	lation	her avel	Tot Trav		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
M 1/	D.O I							404	4.40					
May-16	P-Card	Meetings						184	442		626			
May-16	Expense Claim	Meetings							149		149			
May-16	Direct Billing	Meetings		1,464						1	1,464			
Total			\$	1,464	\$	-	\$	184	\$ 591	\$ 2	2,239	\$ -	\$ -	\$ -

Total for

the Month \$ 2,239

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.

RUN DATE: 05/25/2016

P-Card details Online ® Cardholder Statement Report

Instruction; • Attached ALL original detailed in	eccipts and supporting documents to the sam	ne order as it appears on this sta	demant
 Cardho'der AND Approver's sig- 	natures required where indicated below	10.0° N 1.000.00	
GUEBERT, NANCY	CHIEF PROGRAM OFFICER		
Cardholder's Name	Cardhalder's Position/Tile	Billing Reporting Penod:	20/05/2016
CANCER CONTROL ALBERTA	TOM BAKER CANCER CENTRE		
Cardholdor's Dept	Cardholder's Site/Location	Total Statement Amount:	3625.45
NANCY.GUEBERT@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		(ast 6 dints of the P-Cord)	

3

Transaction Date	Trans ID	Merchant Name & Description			Сипелсу	Trans Amount			Description
	426658410	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	0	75 90	CAD	75 %	3.61	00	Taxi from YEG to SunLife(Migs: Parlormano Appraisals D Dyer, D.Rose, LL Clarke, B. Hubbey
20/04/2016	426658411	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	8	75 90	CAD	75.90	3.61		Taxi from Suntife to YEIS(Migs: Performanc Appraisals D. Oyar, O. Roso, LL, Clarke, B. Hubley)
	426558412	THE CALCARY MIRPORT AU. AUTOMOBILE PARKING LOTS AND	3	29 35	CAD	29,33	1.40		Parking YYC (Earn migs: Taxe from SunLito YEG: Partismanca Appraisals D Dyer. D.Rose, LL Clarke, B. Hubicy)
	275331761	TAXICABS	4	14.49	CAD	14,45	.65		Tear from GCI to SunLife (Edm Migs: NR Issue, Touchbase J Horye, Lifenderson, GC EOC)
	428337209	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	3	75.90	CAD	75 90	3.60		Tais from YEG to CCI (Edm Nigs: HR Issue Tauchbake J Horyn, I Henderson, CCP ED(CCRT Expo at Northlands Cealig.)
	126337268	YELLOW GAB, LIMOUSINES AND YAXICABS	6	12.58	CAD	12.88	,B1		Tari from Horthlands Expo to SumLife (Edm Migs: HR Issue, Tour/base J Horyn, Handerson, CCP EOC
	(59331510	PHESTIGE THANSPORTATIO, LIMOUSINES AND TAXICABS	1	7 5 .90	CAD	7550	361		Taxi from Suntife to YEG (Earn maps: HR Issue, Touchbase J. Horyn, I. Henderson, A.C. Swydydr, Prosentation at GCRT Expo)
	1283372/1	YELLOW CAB, LIMOUSINES AND TAXICABS	(8)	13 60	CAD	13.80	.64		Taxa Irom Wastin to Northlands Expo to prosent at CCRT Expo
	128511797	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	(1)	58.70	CAO	58 70	2.80		Parking at YYC Edm (Migs: HR 15500, Touchbase J. Horyn, I Henderson, AC Surve yor, CCRT Expo presentation)
		MESTIN (MESTIN HOTELS), WESTIN HOTELS	(0)	184.13	CAD	184 13	.00	00	Accommodations Edm (Migs; HR Issue, fouchbase J.Horye, I Henderson, AC Surveyer, CCRT Expo presentation)
9/05/2016	128783816	THS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	(11)	8,50	CAD	8,50	.40		Parking at Red Deer Hospital for CMORE

RUN DATE: 05/25/2016

P-Card details Online ® Cardholder Statement Report

6ignature	777.283775F_345 364725TTST	
Cardholder Designate (If Applicable) By signing this atalement		and the state of t
 Itereby certify that I have reviewed and reconcil 	ited this statement in BMO Online to the bast of my ability in	n accordance to AHS Corporate Policies.
program User Guide and Gaining. I have alloca	led the transaction(s) to the proper cost centre.	
Name of Cardadol designation	DEC. FIDMIN.	Cools.
1/1/2/1000	Cardholder Designate Position/Title	/
Signalure of Caroneteler Designate	Usite of Signatura	6
Cardholdgr	Date of Signatura	
By signing this statement		
 I allost that I have read and understand the "Tra expenses being claimed are in compliance with: 	rvol, Hospitality and Working Session Expense Policy (1122 such policy	f)" of Alberta Health Services and confirm
. I attest the expenses enclosed in this claim are I	for valid business purposes for Alberta Health Services and	I that this claim has not been previously
claimed by mo or on my behalf from Alberta Heal charged is attached.	oth Services or any other Organization. A personal cheque	for any personal expenses inadvertency
 I altest that expenses submitted in this claim has 	ve been incorred by using a cost effective method, atherwis	ic rationale and supporting analysis is
provided. GUEBERT, NANCY	CHIEF PROGRAM OFFICER	
Name or Caronoluel	Cardholder Position/Fide	
Maney milber	May 25, 2016	2 .
Signaluse of City/holder	Date of Signature	
Approver Designate (if Applicable) By signing this statement		
· I attost that I have read and understand the "Tra	vel, Hospitality and Working Session Expense Policy (1122	by of Alberta Health Services and confirm
expanses being claimed are in compliance with	such policy.	
	for valid business purposes for Alberta Health Services and Oberta Health Services or any other Organization. A person	
charged has been obtained.	we been incurred by using a cost effective method, otherwise	
provided.	Q_ Incurred by using a cost enective motivo, otherwise	— 0
Audrey Majone	Exec Admin a	tord
Name of Approver Designato	Approver Designate Position/Title	
My seioul	May 26/16	
Approver Approver	Date of Signature /	
By signing this statement		
 I attest that I have read and understand the "Tra expenses being claimed are in compliance with 	vel, Hospitality and Working Session Expense Policy (1122 such policy.)* of Alberta Health Services and confirm
	or valid business purposes for Alberta Health Services and	
claimed by the claimant or on their behalf from A charged has been obtained.	Noorla Health Services or any other Organization. A person	at cheque for personal expenses inadvertently
	ve been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
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1) r. + rancos belange	HIVI Collaboration	creo
Name of Approver	Approve Position time	
Signature of Approver	Onle of Signature	
5460 - 1000 5400 000 000 000 000 000 000 000 000		A CONTRACTOR OF THE STATE OF TH
Submit approved statement with attachments to Acc	counts Payable	Addross:
	saided business reasons including names of participants	Alberta Health Services
- Signed Cardholder Statement Report (or copies of	electronic signatures if signatures are not on report)	Accounts Payable
And where applicable: * Copies of pre-approvals for travel:		7th Street Plaza 10th Floor, North Tower, 10030-107 Street
 Personal theque payable to "Alberta Health Service 	es"	Edmonton, AB TSJ 3E4
 Relum, refund and/or credit receipts Disputes fetter 		
 Business reasons for Iraval require detailed descripment), why travel was necessary and detailed expl. 		
Accounts Payable only:		
Releicnce #.	l	1
OBIGICALE #.	Reviewed by:	Date:

1

PRESTIGE TRANSPURIATION 10135 31 Avanue MV Edmonton 88 16N-162 700-463-5000

fern IS:4582412509461 Item H:1431 MasterCard PURCHASE OF Id:347895 Card H

AID: AD0000000041010

APPROVED

AMOUNT

CAD\$9.90

TOTAL

CAD\$75.90



Book on line at EDMPXESTIGL.COM Thank you for terms our Swest 651 867184765

Date: 2016/04/20 | Time: 58:52:44 Researce: AUTH

CUSTOHER COPY

yta SunLife (Edmonton Performance Approxisals 2

PRESTICE | NAMSPORTATION | 10135 | 21 Avenue | Ni | Fdeonton | AS | Tell | 107 | 750 | 463-5000

lern Id:4502412509461 Ilen H:1432 HasterCard PURCHASE OP Id:847895 Card H:

AID: A00000000041010

APPROVED

AMOUNT TIP

CAD#9.90

TOTAL

CAD\$75.90



Beer on line at EDMPRESTIDE.COM Thank won for being on Guest OST 862184769

Dale: 2016/04/20 Response: AUTH

Time: 17114145

CUSTOMER COPV
Sunlife to y Eg (Edmonton
lerformance Appraisals)

RECEIPT GST NO. R122556194

3

TKT NO POF: C52 IN: 04/20/16 06:04 OUT:04/20/16 19:47 PAID: \$ 29.35 DURATION: 0 13: 43 (GST INCLUDED)

MASTERCION

YOU HAVE 10 MIN. TO EXIT

O O FIYYYC

YYC CALGARY MITTAMATIONAL

Parking @ yyc for Edmonton tip (Performance Appraisals)

> PRESTIGE TRANSPORTATION 10135 31 Avenue III Ednonton AB TEH-1C2 780-463-5060

Tern Id:4502412509461 ten H:1449 MasterCard PURCHASE Op Id:247895 Card #

AID:A0000000041010

APPROVED

AMOUNT TIP CAD\$66.00 CAD\$9.90

TOTAL.

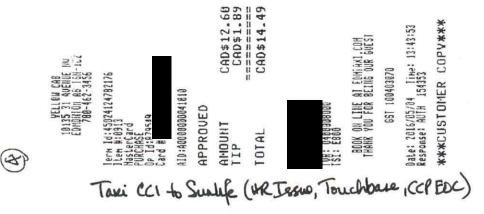
CAD\$75.90



Book on line at EDHPKESIIGE.COM Thank you for being our guest GSI 862184769

Date: 2016/05/04 Time: 09:25:04 Response: AUTH

Touchbuse, CCT Fixpo@ Mothlands)



(6)

1

YELLOW CAB 19135 31 AVENUE NW Ednonton ab 76H-1C2 780-462-3456

Term Id:4502412478248 ILem H:1052 MasterCard PURCHASE OP Id:292150 Card H:

AID:A0003000041010

APPROVED

AMOUNT TIP CAD\$11.20 CAD\$1.68

TOTAL

9

CAD\$12.88

Ref. Auth. Resp. TVR: 0400008000 TSI: E800

BODK ON LINE AT EDHTAXI.COM THANK YOU FOR BEING OUR GUEST

6ST 100403070

Dale: 2016/05/05 line: 10:32:38 Response: AUTH 123238

CUSTOMER COPY

Taxa Northlands to Sunlife CCLT Expo, HR = Touchbasemys

> RECEIPT GST NO. R122556194

> > TKT N0:30248680
> > POF: C52
> > IN: 05/04/16 06:42
> > OUT:05/05/16 19:04
> > PAID: \$ 58.70
> > DURATION: 1 12: 22
> > (GST INCLUDED)

MASTERCARD
YOU HAVE 10 MIN.

OO FIYYYC YYC CALGARY INTERNATIONAL

TO EXIT

Parking@yyc for Edmenton Noto (HR Tesse, Truchbase, CCRT Presentations, CCP EDC) PRESTIGE TRANSPORTATION 10135 31 Avenue NN Edmonton AB TSN-102 780-463-5080

Tern Id:4502412509461 Item H:1451 MasterCard PURCHASE Op Id:847895 Card #

AID: A0000000041010

APPROVED

AMOUNT

CAD\$66.00 CAD\$9.90

TOTAL

CAD\$75.90



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

Dale: 2016/05/05 Time: 16:31:03 Response: AUTH

CUSTOMER COPY

Taxi Sunlik to yter (HRIssue, Touchbak, color Presentation Q Northlands Expo, coptac) (8)

VELLOW CAB 10135 31 AVENUE NW EDMONTON AB TEN-102 780-462-3456

lerm Id:45024124782561 Ilem H:0248 HasterCard PURCHASE OP Id:174515 Card H: AID:AOOuwwwwqlwlu

APPROVED

AMOUNT TIP

CAD\$12.00 CAD\$1.80

TOTAL

CAD\$13.80



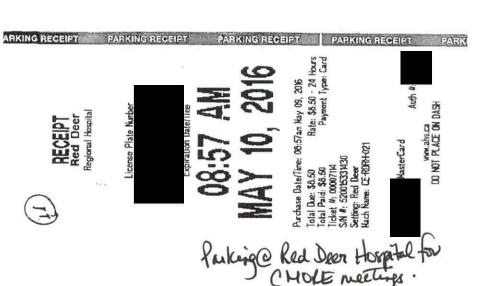
BOOK OH LINE AT EDHTAXI.COM

GST 100403u70

Date: 2016/05/05 1.00: 09:29:44 Response: AUTH

CUSTOMER COPY

Tayi from Westin Hotel to Worthlando Ecopo (CCPT presentation)



PCARD GUERBET, N. NAY 2016 PAGE 3



The Weslin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Nancy Guebert Alberta Health Services WESTIN

HOTELS & RESORTS

Invoice Nbr

Page Number :
Guest Number :
Folio ID :
Arrive Date : 04-MAY-16
Depart Date : 05-MAY-16
No. Of Guest : 1
Room Number :
Club Account :

Tax Invoice

04-MAY-16 19:01 05-MAY-16 08:11

Tax ID: 815461330RT0001
The Westin Edmonton 05-MAY-16 08:20 BRADSMO

Date	Reference	Description	Charges (CAD)	Credits (CAD)
04-MAY-16		Room Charge	164.00	The second secon
04-MAY-16		GST	8.45	
04-MAY-16		Destination Marketing Fee	4.92	
04-MAY-16		Tourism Levy	6.76	
05-MAY-16		Mastercard-2416		-184.13
		** Total	184.13	-184.13
		*** 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 Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Continued on the next page

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Nancy Guebert

Alberta Health Services

WESTIN'
HOTELS & RESORTS

Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest

Room Number Club Account 05-MAY-16

19:01 08:11

Invoice Nbr

1

Tell us about your stay, www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	TourLevy	FoodBev	Phone	Other	Total	Payment
05-04-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
05-05-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
	2	-	****					
Total	164.00	8.45	6.76	0.00	0.00	4.92	184.13	-184.13

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title		Expense Claim Total
GUEBERT,	Chief Program Officer,	Calgary	149.48
NANCY	Cancer Control Alberta		
COLLEEN	(Interim)		

Expense Date	Business reason	Expense Type	Amount	From Location	То	Justification	# of days	# of	Attendee	Trip Distance
					Location			Attendees	Name(s)	
5/9/2016	Return Trip to C-More Town Hall	Mileage	149.48	Tom Baker	Red Deer		1			296
	Meetings			Cancer	Regional					
				Centre	Hospital					

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	23-Jun-16
YIU, VERNA	Approve	6-Jun-16



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:

 | Name: Nancy Guebert | Reporting Period for the Month of: April 21, 2016 to May 20, 2016

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Apr-2016	Direct Billing	Airline Ticket	To attend special VIP event - The Changing Landscape of Cancer on May 24th and CCA portfolio meetings in Edmonton on May 25th (COEC, President's Speakers Series, Monthly Finance)	Marlin Travel	325.88
10-May-16	Direct Billing	Airline Ticket	To attend Edmonton meetings (Senior Leaders Meeting, Provincial Practices Update, 2:1 w/Trevor Beniston, 1:1 w/Donna Rose, CCA & ACF Monthly and Provincial Tumour Teams DYAD)	Marlin Travel	339.83
16-May-16	Direct Billing	Airline Ticket	To attend Cancer Provincial Advisory Council Meetings June 17 & 18th.	Marlin Travel	335.18
16-May-2016	Direct Billing	Airline Ticket	To attend Community Oncology Town Hall Meetings in Lethbridge and Medicine Hat July 7, 2016	Marlin Travel	463.28
Total Paid in the	• Month				\$ 1,464.17

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB **CA T5J 3E4**

Invoice Number:

Date:

April 20, 2016

Page:

1/2

Our Reference:

INVOICE

For

MS NANCY GUEBERT

AC

Tuesday, May 24, 2016

≪ Air

AIR CANADA

From: CALGARY

AB EDMONTON INTL AB

To: Stops:

0 Arrival: 24May 16

AIR CANADA E

AIR CANADA CONFIRMATION

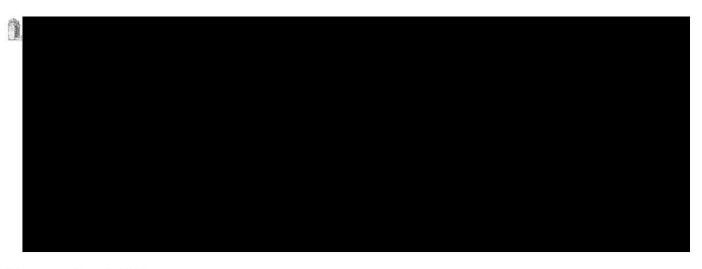
TICKET NUMBER

SEAT 9D

Flight: 8134 G CLASS 08:05 AM Equipment: DH4

08:55 AM

Mile(s) Flown: 163



Wednesday, May 25, 2016

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

> 10030-107 ST **EDMONTON AB CA T5J 3E4**

Invoice Number:

Date:

April 20, 2016

Page:

Our Reference:

2/2

INVOICE

Wednesday, May 25, 2016

Air Air

AIR CANADA

From: EDMONTON INTL AB

To: Stops: CALGARY AB

0 Arrival:

25May 16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8169

G CLASS

04:50 PM Equipment: DH4

05:40 PM

Mile(s) Flown: 163

Cost:	
AIR CANADA	WE

250.92 74.96 **Ticket Total:** 325.88

Total:

Grand Total: 325.88 **Less Credit Card Payments:** 325.88 Credit / Balance Due To This Invoice: 0.00 **Total Balance Due:** 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.....DECLINED:.... DOCUMENTATION REOUIRED: 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.

GST Reg#: 885101915

Branch: Agent:

To: ALBERTALISERVIC

SUITE 800, NORTH TOWER

10030-107 ST **EDMONTON AB** CA T5J 3E4

Invoice Number:

Date:

May 10, 2016

Page:

Our Reference:

INVOICE

For

MS NANCY GUEBERT

AC

Monday, June 20, 2016

Air Air

AIR CANADA

Flight: 8134

G CLASS

From: CALGARY

AB

08:05 AM Equipment: DH4

08:55 AM

Mile(s) Flown: 163

To: EDMONTON INTL AB

Stops: 0 Arrival: 20Jun16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D



Wednesday, June 22, 2016

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB CA T5J 3E4

Invoice Number:

Date:

May 10, 2016

Page:

2/2

Our Reference:

INVOICE

Wednesday, June 22, 2016

Air Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY ABArrival:

22Jun16

Stops: 0 AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8153

G CLASS

06:00 PM Equipment: D8 (300 SERIES)

06:55 PM

Mile(s) Flown: 163

Cost:		
AIR CANADA WEB		264.87
	Tax:	74.96
	Ticket Total:	339.83
Total:		
	Grand Total:	339.83
	Less Credit Card Payments:	339.83
	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 CARDPROOF 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.

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

> 10030-107 ST EDMONTON AB **CA T5J 3E4**

Invoice Number:

May 16, 2016

Date: Page:

1/2 Our Reference:

INVOICE

For

MS NANCY GUEBERT

AC

Friday, June 17, 2016

K Air

AIR CANADA

From: CALGARY

To:

EDMONTON INTL AB

Stops: 0 Arrival: 17Jun16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8164 G CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:23 PM

Mile(s) Flown: 163

Saturday, June 18, 2016

Air Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY AB

Stops: 0 Arrival: 18Jun16

AIR CANADA E

AIR CANADA CON

TICKET NUMBER

SEAT 9D

Flight: 8169 **GCLASS** 04:50 PM Equipment: DH4

05:40 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WI

Ticket Total:

335.18

260.22

74.96

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB CA T5J 3E4 Invoice Number:

Date:

May 16, 2016

Page:

2/2

Our Reference:

INVOICE

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

1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

> 10030-107 ST **EDMONTON AB** CA T5J 3E4

Invoice Number:

Date:

May 16, 2016

Page:

1/2

Our Reference:

INVOICE

For

MS NANCY GUEBERT

AC

Thursday, July 7, 2016

K Air

AIR CANADA

From: CALGARY

To: LETHBRIDGE

Stops:

0 Arrival: 07Jul16

AB

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2A

Flight: 7211

08:50 AM Equipment: BEH

G CLASS

09:35 AM

Mile(s) Flown: 115

K Air

AIR CANADA

From: MEDICINE HAT

To:

CALGARY

AB

Flight: 7234 **G CLASS** 04:10 PM Equipment: BEH

05:10 PM

Mile(s) Flown: 164

Stops: 0 Arrival: 07Jul16 AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2B

Cost:

AIR CANADA WI

418.32 44.96

Ticket Total:

463.28

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB CA T5J 3E4 Invoice Number:

Date:

May 16, 2016

Page:

Our Reference:

2

INVOICE

Total:	
Grand Total:	463.28
Less Credit Card Payments:	463.28
Credit / Balance Due To This Invoice:	0.00
Total Ralance Due	0.00