

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title Chief Program officer and Senior Medical Director Officer Cancer Control Alberta
Location Edmonton
 Expenses submitted during the month of September 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	Expense Claim	Meetings		104	517	710	1,331			
Sep-14	Direct Billing	Meetings	2,452				2,452			
Total			\$ 2,452	\$ 104	\$ 517	\$ 710	\$ 3,783	\$ -	\$ -	\$ -

Total for the Month \$ 3,783

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 157
 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

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 ☒ No ☐

Name: Dr. Paul Grundy

Reporting Period for the Month of: September 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-08-27	Direct Billing	Transportation	Dr. Grundy flew to Calgary on September 2, 2014 to participate in Calgary Cancer Project Executive Oversight Committee meeting and the Campaigne Cabinet Tour at South Health Campus	Marlin Travel	\$424.96
2014-08-28	Direct Billing	Transportation	Dr. Grundy flew to Calgary on	Marlin Travel	\$434.96

			September 11, 2014 to participate in the Cancer SCN: Toward Becoming the Best: Alberta's Strategic Clinical Networks, Embedding Patient Oriented Research and Innovation in Banff		
2014-09-09	Direct Billing	Transportation	Dr. Grundy flew to Calgary on September 15, 2014 to participate in the Alberta Cancer Foundation Strategy Committee Meeting and the Cancer Control Dyad Meeting	Marlin Travel	\$444.96
2014-09-09	Direct Billing	Transportation	Dr. Grundy flew to Calgary September 17 - 19, 2014 for meetings including Executive Oversight Committee, Search and Selection Interviews, CMO Offsite Meeting (2 day meeting)	Marlin Travel	\$423.96
2014-09-15	Direct Billing	Transportation	Dr. Grundy is flying to Calgary on October 3, 2014 for the Grant Reviews	Marlin Travel	\$422.96
Total Paid in the Month					\$2151.80

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, T5J 3E4

Invoice Number: [REDACTED]
Date: August 27, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Tuesday, September 2, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

Flight: 8147 W CLASS
02:00 PM Equipment: DH4
02:50 PM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D

Flight: 8160 W CLASS
08:30 PM Equipment: CRJ JET
09:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	350.00
	Tax:	74.96
	Ticket Total:	424.96

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

Invoice Number: [REDACTED]
Date: August 27, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	424.96
Less Credit Card Payments:	424.96
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, T5J 3E4

Invoice Number:

Date:

August 28, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

AC

Thursday, September 11, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 5C

Flight: 8133

G CLASS

07:00 AM Equipment: CRJ JET

07:47 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 6D

Flight: 8156

V CLASS

06:00 PM Equipment: CRJ JET

06:49 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB

Tax:

Ticket Total:

360.00

74.96

434.96

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

Invoice Number: [REDACTED]
Date: August 28, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	434.96
Less Credit Card Payments:	434.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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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, T5J 3E4

Invoice Number:

Date:

September 9, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

AC


Monday, September 15, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 2C

Flight: 8131 W CLASS
05:30 AM **Equipment:** DH4
06:20 AM

Mile(s) Flown: 153

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 3D

Flight: 8150 W CLASS
03:30 PM **Equipment:** DH4
04:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB
AIR CANADA WEB

Tax:

370.00

74.96

Ticket Total:

444.96

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

Invoice Number: [REDACTED]
Date: September 9, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	444.96
Less Credit Card Payments:	444.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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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, T5J 3E4

Invoice Number: [REDACTED]
Date: September 9, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Wednesday, September 17, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5C

Flight: 8133 W CLASS
07:00 AM Equipment: CRJ JET
07:47 AM

Mile(s) Flown: 153



Hotel

Check In: 17Sep2014 12:00 AM
Check Out: 19Sep2014 12:00 AM
CALGARY AB
RADISSON
RADISSON CONF CNTR
6620 36TH STREET NE
CALGARY
CA
ABT3J 4C8
Tel: [REDACTED]
Fax: [REDACTED]
Confirmation: [REDACTED]

Rooms 1
2 Nights(s)

IA0
Rate: 149.00 CAD per Night
Guaranteed for late arrival

Friday, September 19, 2014

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

Invoice Number: [REDACTED]
Date: September 9, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, September 19, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

Flight: 8154 G CLASS
05:00 PM Equipment: D8 (300 SERIES)
05:52 PM

Mile(s) Flown: 153

Cost:

AIR CANADA	[REDACTED]	349.00
	Tax:	74.96
	Ticket Total:	423.96

Total:

Grand Total:	423.96
Less Credit Card Payments:	423.96
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..
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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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 15, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]


Friday, October 3, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8133 G CLASS
07:00 AM **Equipment:** CRJ JET
07:47 AM

Mile(s) Flown: 153

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8156 G CLASS
06:00 PM **Equipment:** CRJ JET
06:49 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	348.00
	Tax:	74.96
	Ticket Total:	422.96

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

September 15, 2014
2/2

INVOICE

Total:

Grand Total:	422.96
Less Credit Card Payments:	422.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

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- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 ☒ No ☐

Name: Dr. Paul Grundy	Reporting Period for the Month of: September 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-18	Direct Billing	Transportation	Dr. Grundy (using credits from canceled flight on September 11, 2014) attended the following meeting in Calgary Cancer SCN Core Committee In-Person meeting on September 25, 2014	Marlin Travel	\$100.00

2014-09-23	Direct Billing	Transportation	For Dr.Grundy's trip to Calgary on October 3rd, we changed his flight to the night before as Dr. Grundy has a 7:00am meeting in Calgary	Marlin Travel	\$100.00
2014-09-24	Direct Billing	Transportation	Dr. Grundy is in Calgary on Oct 1st to attend the PPEC In Person meeting all day meeting and the Bi-weekly FMC BMT Steering Committee Meeting (flight booked with credit from Sep 15/14.	Marlin Travel	\$100.00
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$300.00

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

Invoice Number: [REDACTED]
Date: September 18, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 18, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]


Thursday, September 25, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8C

Flight: 8133 Q CLASS
07:00 AM **Equipment:** CRJ JET
07:47 AM

Mile(s) Flown: 153

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8152 Q CLASS
04:30 PM **Equipment:** D8 (300 SERIES)
05:22 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED] [REDACTED] 100.00

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, T5J 3E4

Invoice Number:

Date:

September 23, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

AC

Thursday, October 2, 2014

 **Air**

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8171 G CLASS
07:00 PM **Equipment:** D8 (300 SERIES)
07:52 PM

Mile(s) Flown: 153

Friday, October 3, 2014

 **Air**

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8152 G CLASS
04:30 PM **Equipment:** D8 (300 SERIES)
05:22 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB

100.00

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

September 23, 2014
2/2

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
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EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 25, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

DR PAUL GRUNDY
AC [REDACTED]

Wednesday, October 1, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 7C
SEAT 6C

Flight: 8133 Q CLASS
07:00 AM Equipment: CRJ JET
07:47 AM

Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 8156 Q CLASS
06:00 PM Equipment: CRJ JET
06:49 PM

Mile(s) Flown: 153

Cost:

AIR CANADA [REDACTED] [REDACTED] 100.00

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

September 25, 2014
2/2

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
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.

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: 21-Aug-14 To 20-Sep-14

Travel Period from: To (if applicable)

Out-of-Province Travel

Name: Dr. Paul Grundy

Position (Title):

CPO & SMD CancerControl Alberta

Location:

Dept: CancerControl

DOFA Level:

(if applicable)

Union:

Business Phone #

Ext:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →

Project Number

Expenditure Organization

Project Task Number

Expenditure Type

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110000012	\$505.9
2B	101	0000	71110000012	\$825.40
2C				
2D				
				\$1,367.92

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

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	\$ 1331.31
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$ 1331.31

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 principles 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 documents submitted in this claim have been incurred by using a most 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:

Travel, Hospitality and Working Session Expense Policy - Document 1122

Date

Sept 23/14

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 documents submitted in this claim have been incurred by using a most effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the claimant to Accounts Payable for processing.

Approved By (PRINT ONLY): Rick Trimp

DOFA Level

Position

Phone #

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

Signature:

Title

VP, Province Wide Clinical Supports,

Date

9/25/14

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 documents submitted in this claim have been incurred by using a most effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY):

DOFA Level

Position

Phone #

Ext

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

Signature:

Title

Date

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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding		101	0000	71110000012	Emp # (E-People)				Page 2A					
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 = Interl) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.					Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page									
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						
20-Aug-14	Parking at Edmonton International for Dr. Grundy flight to Ottawa	ON	Meeting	Yes								\$50.00		
20-Aug-14	Delta Ottawa City Centre Hotel Room for Dr. Grundy for his meeting with the Tribunal Council of the Canadian Nuclear Safety Commission in Ottawa on August 21, 2014	ON	Meeting	Yes	D-\$20.75	\$20.75				\$182.73				
20-Aug-14	Taxi to the Delta City Centre hotel in Ottawa	ON	Meeting	Yes							\$40.03			
21-Aug-14	Taxi from Delta City Centre hotel to Ottawa Airport and per diem meals	ON	Meeting	Yes	A-\$41.55	\$41.55					\$35.85			
29-Aug-14	Parking at Edmonton International Airport as Dr. Grundy attended Cancer Scientific Interviews, Process Improvement, CCRA Strategy Development meetings in Calgary	AB - Provincial	Meeting	Yes								\$25.00		
29-Aug-14	Taxi from Calgary International Airport to Foothills Medical Centre for meetings	AB - Provincial	Meeting	Yes							\$45.70			
29-Aug-14	Taxi from Foothills Medical Centre to Calgary International Airport	AB - Provincial	Meeting	Yes							\$39.30			
2-Sep-14	Parking at Edmonton International Airport as Dr. Grundy attended Campaign Cabinet Tour in Calgary	AB - Provincial	Meeting	Yes								\$25.00		
SUBTOTALS						\$62.30				\$182.73	\$160.88	\$100.00		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)		\$0.505		
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Mileage \$				
										Travel \$ Subtotal		\$505.91		
										Auto fills on page 1 - TOTAL TRAVEL \$		\$505.91		
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) Dr. Grundy booked the Fairmont Palliser for 4 nights and paid for 3 nights and received the fourth night free.														

EXPENSE CLAIM DETAILS

Page 2B

Enter Finance Coding 101 0000 71110000012

Emp # (E-People)

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.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

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	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								
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi				
2-Sep-14	Taxi from Calgary International Airport to South Health Campus	AB - Provincial	Meeting	Yes							\$87.30				
2-Sep-14	Taxi from South Health Campus to Calgary Interantional Airport	AB - Provincial	Meeting	Yes							\$83.50				
17-Sep-14	Parking at Edmonton International Airport as Dr. Grundy in Calgary September 17-19, 2014	AB - Provincial	Meeting	Yes							\$75.00				
17-Sep-14	Radisson Hotel room for Dr. Grundy from September 17 - 19, 2014	AB - Provincial	Meeting	Yes						\$334.56					
17-Sep-14	Taxi from airport to Southport and Per diem meals for September 17, 2014	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55					\$65.10				
17-Sep-14	Taxi from South port to Radisson hotel	AB - Provinc	Meeting	Yes							\$54.50				
19-Sep-14	Taxi from Radisson hotel to TBCC	AB - Provincial	Meeting	Yes							\$38.70				
19-Sep-14	Taxi from TBCC to Radisson for CMO meeting	AB - Provincial	Meeting	Yes							\$45.19				
SUBTOTALS							\$41.55				\$334.56	\$449.29			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 \$

Travel \$ Subtotal \$825.40

Auto fills on page 1 - TOTAL TRAVEL \$ \$825.40

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

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)

Hotel → Airport

BLUE LINE TAXI
613-238-1111

④ CAR 1120
TAXI TAB

08/21/2014 15:52:44
PURCHASE

Transaction # [REDACTED]
Card Type: [REDACTED]
Acc: [REDACTED]
Entry: Swiped
Terminal ID: 29R31380
Merchant ID: 29RRRR
Batch: 000051
Trace Number: [REDACTED]
Bse Amt: 31.35
Tip: 4.50
Total: 35.85

Auth.Code: [REDACTED]
Response: APPROVED

CUSTOMER COPY

CUSTOMER SERVICE
1 866 565 8294
help@taxitab.com
DRIVER #

Airport → Hotel

OTTAWA AIRPORT TAXI

③ 4800
TAXI DE L'AEROPORT D'OTTAWA

Merchant ID: 4326848A
Driver ID: 56860
Record Num: [REDACTED]

Sale

Application Label: AMERICAN EXPRESS

AID: A000000025018801

Amount: \$ 35.00
Tip: \$ 5.03

Total: CAD\$ 40.03

2014/08/21 01:48:09

Resp Code: 00
IVR: 0000000000
ISI: F000

Inv#: [REDACTED] Appr Code: [REDACTED]
Apprvd: Online Batch#: [REDACTED]
TRN Ref #: [REDACTED]

DESCRIPTION: _____

CUSTOMER SERVICE 1-888-443-2812
INQUIRY@TAXITAB.COM
TAXITAB

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
VERIFICATION

TERMINAL ID: 324-363-526
VEHICLE ID: 4738
DRIVER ID: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGERS: 1

08/21/2014
START: 01:47 END: 01:48

FARE AMOUNT: \$ 33.50

TIP AMOUNT: \$ 5.03
SURCHARGE AMOUNT: \$ 1.50

GST# R128599776

① Edmonton Airports
Can-TSJ 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 21/08/14 20:56
Receipt [REDACTED]

Short-term parking tkt
HL - No. 030834
20/08/14 16:24 -
22/08/14 16:23 -
Period 2d0h0'
(Tax) \$50.00
Total \$50.00

Payment Received \$50.00
Merch: 9326641900
Auth: [REDACTED]
Type: Swiped
Sub Total \$47.62
Tax 5% 2.38

(2)



DELTA

OTTAWA CITY CENTRE

101 Lyon Street, Ottawa, Ontario K1R 5T9

Tel: 613-237-3600 Fax: 613-237-2351

Paul Dr Grundy

Room:

Folio:

Cashier:

Arrival: 08-20-14

Departure: 08-21-14

Reference:

Date	Description	Additional Information	Charges	Credits
08-20-14	Room charge		157.00	
08-20-14	Room - HST		20.41	
08-20-14	Room DMP		4.71	
08-20-14	Room DMP - HST		0.61	
08-21-14	L I F T - Breakfast		26.61	
08-21-14	American Express			209.34

HST Summary

Registration No: 865583827

Room 20.41

F&B 2.66

Other 0.00

Total 23.68

Total 209.34 209.34

Balance Due 0.00 CDN

~ 26.61

\$ 182.73

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Hotel

taxi x 2

parking airport

per diem : dinner x 2

break x 1

lunch x 1.

Travelport ViewTrip™

Itinerary Information

Today's Date:
Reservation ID:

Wednesday, August 13, 2014
P94C11

Agency Information

MARLIN
9929 108Th St Government Ctr
Edmonton, AB T5K 1G8
Canada
Agency Phone [REDACTED]

Traveler

GRUNDY, PAUL DR
[REDACTED]

Flight - Air Canada (AC) - 154

Wednesday, August 20, 2014

Depart: 5:45 PM
Arrive: 11:19 PM

Edmonton Intl Arpt (YEG)
Lester B Pearson Intl (YYZ), Terminal 1
Toronto, ON

Flight 154

Non-stop
Economy (G)

Class of Service:

Flight Service Information

Equipment: Airbus A320
Meal Service: Food to buy
In-Flight Services: Non-smoking

Flying Time: 3:34

Passenger

GRUNDY, PAUL DR

Remarks

AIR CANADA CONFIRMATION
TICKET NUMBER [REDACTED]
SEAT 16D

Status: Confirmed (Passive) (GK)

Flight - Air Canada (AC) - 472

Thursday, August 21, 2014

Depart: 12:30 AM
Arrive: 1:33 AM

Lester B Pearson Intl (YYZ), Terminal 1
Toronto, ON
Ottawa McDonald Cartier Intl (YOW)

Flight 472

Non-stop
Economy (G)

Class of Service:

Flight Service Information

Equipment: EMBRAER 190
In-Flight Services: Non-smoking

Flying Time: 1:03

Passenger

GRUNDY, PAUL DR

Remarks

AIR CANADA
TICKET NUMBER [REDACTED]
SEAT 18D

Status: Confirmed (Passive) (GK)

Hotel - Delta Ottawa City Center**Wednesday, August 20, 2014 - Thursday, August 21, 2014**

Delta Hotels And Resorts

1 Night

Delta Ottawa City Center

1 Room

Number of Guests:

1 Guest

Confirmation Number:

Check in

Wednesday, August 20, 2014

Check In Time:

3:00 PM

Delta Ottawa City Center

Phone: 1-613-237 3600

101 Lyon St N

Fax: 1-613-237 2351

Ottawa CA ONK1R 5T9

Check Out:

Thursday, August 21, 2014

Check Out Time:

12 Noon

Estimated Hotel Rate*:

CAD 157.00 / night

Approximate Total, including taxes:

CAD 182.73

* Estimated Hotel Charge does not include room service or other misc. charges occurring during the stay.

[Click here for Hotel Information](#)

Status: Confirmed (HK)

Flight - Air Canada (AC) - 143**Thursday, August 21, 2014**

Depart: 6:15 PM

Ottawa McDonald Cartier Intl (YOW)

Arrive: 8:39 PM

Edmonton Intl Arpt (YEG)

Flight 143

Non-stop

Class of Service:

Economy (W)

Flight Service Information

Equipment: EMBRAER 190

Flying Time:

4:24

Meal Service: Food to buy

In-Flight Services: Non-smoking

Passenger

GRUNDY, PAUL DR

Remarks

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 22D

Status: Confirmed (Passive) (GK)

Tour - Tour**Thursday, January 01, 2015**

Tour (ZZ)

Location:

Edmonton Intl Arpt (YEG)

Departure Date:

Thursday, January 01, 2015

Number of Persons:

1

[Click here for Tour Information](#)

Status: Confirmed (Passive) (GK)

Tour - Tour - Access Travel**Saturday, February 14, 2015**

Tour - Access Travel (AC)

Location:

Edmonton Intl Arpt (YEG)

Departure Date:

Saturday, February 14, 2015

Number of Persons:

1

[Click here for Tour Information](#)

Status: Confirmed (Passive) (BK)

Tour - Tour - Access Travel

Monday, February 16, 2015

Tour - Access Travel (AC)

Location:

Edmonton Intl Arpt (YEG)

Departure Date:

Monday, February 16, 2015

Number of Persons:

1

[Click here for Tour Information](#)

Status: Confirmed (Passive) (BK)

Surface Segment

Other Travel Arrangements

Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO
OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP
POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292
OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147
PLEASE QUOTE ACCESS CODE 2EC0

PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU
FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE
DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS
MAY BE YOUR RESPONSIBILITY

-----AIR CANADA RULES-----

TICKET IS NON REFUNDABLE
CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME
CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY
24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM
TO CHECK IN AND PRINT YOUR BOARDING PASS.

Toll Free Reservations 1-888-890-3222

[meetings & events](#)[gift cards](#)[english](#)

FIND SPECIAL GET
& BOOK/ OFFERS/ PRIVILEGES/

DELTA OTTAWA CITY CENTRE

choose your room type



moderoom

lowest average rate

\$184 CAD/night



modeluxe

lowest average rate

\$204 CAD/night

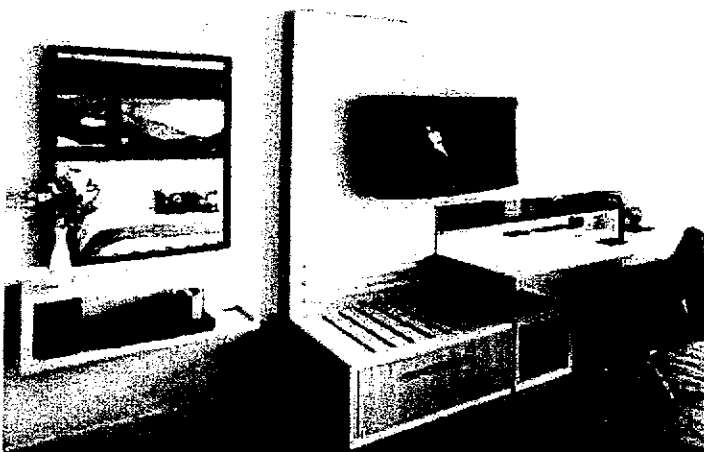


modeclub

lowest average rate

\$234 CAD/night

MODEROOM, 1 QUEEN



choose a room option

1 Queen Bed

available rates

[compare rooms](#)

[convert currency](#)

BEST AVAILABLE RATE

Includes room only.

may we suggest you add



Breakfast

[view details](#)

Room Size	Approx. 255-305 sq. ft / 24-28 sq. m
View	Varies
Location	Throughout hotel up to the 22nd floor

- SmartDesk Work Area
- Sanctuary Bed
- Philosophy Amenities

room amenities

Mon. Aug 18	\$ 179.00 CAD
Tue. Aug 19	\$ 189.00 CAD
Add-ons	\$0.00CAD
Taxes, levies and fees	\$60.32CAD

2 nights room cost **\$428.32CAD**

[book now](#)

[best rate guarantee](#)

Airport → SHC

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

⑨
DATE: 2014/08/02
PICK-UP TIME: 14:57
DROP-OFF TIME: 15:50
TRIP ID: 0
LOCATION: 073000-45024183707
CAR NUMBER: 1474
DRIVER: 864431
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]
FARE (\$): 77.10
EXTRA (\$): 0.00
SUBTTL (\$): 77.10

TIP (\$): 10²⁰

TOTAL (\$): 87³⁰

SIGNATURE: Paul [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

SHC → Airport

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

⑩
DATE: 2014/09/02
PICK-UP TIME: 18:21
DROP-OFF TIME: 18:55
TRIP ID: 0
LOCATION: 073000-45024183707
CAR NUMBER: 8324
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 73.50
EXTRA (\$): 0.00
SUBTTL (\$): 73.50

TIP (\$): 10⁰⁰

TOTAL (\$): 83⁵⁰

SIGNATURE: Paul [Signature]

FMC → Airport

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

⑦
DATE: 2014/08/29
PICK-UP TIME: 15:23
DROP-OFF TIME: 15:51
TRIP ID: 0
LOCATION: 073000-45024183707
CAR NUMBER: 8369
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 35.10
EXTRA (\$): 0.00
SUBTTL (\$): 35.10

TIP (\$): 4²⁰

TOTAL (\$): 39³⁰

SIGNATURE: Paul [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

DRIVER'S COPY

GST# R128599776

⑧ Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 02/09/14 21:25
Receipt [REDACTED]

Short-term parking tkt
HL - No. 073033
02/09/14 13:20 -
03/09/14 13:19 -
Period 1d0h0 (Tax) \$25.00

Total \$25.00

Payment Received \$25.00
AMEX [REDACTED]

Type: Swiped

Sub Total \$23.81
Tax 5% 1.19

GST# R128599776

⑤ Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 29/08/14 18:01
Receipt [REDACTED]

Short-term parking tkt
DL - No. 060240
29/08/14 06:18 -
30/08/14 06:17 -
Period 1d0h0 (Tax) \$25.00

Total \$25.00

Payment Received \$25.00
[REDACTED]

Type: Swiped

Sub Total \$23.81
Tax 5% 1.19

Airport to FMC

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

⑥
DATE: 2014/08/29
PICK-UP TIME: 08:05
DROP-OFF TIME: 08:29
TRIP ID: 0
LOCATION: 073000-45024183707
CAR NUMBER: 8366
CARD TYPE: [REDACTED]

FARE (\$): 39.90
EXTRA (\$): 0.00
SUBTTL (\$): 39.90

TIP (\$): 5⁸⁰

TOTAL (\$): 45⁷⁰

SIGNATURE: Paul [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Hotel → TBCC

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

(15)

DATE: 2014/09/19
PICK-UP TIME: 09:29
DROP-OFF TIME: 09:55
TRIP ID: 531015
LOCATION: 073800-45024103707
CAR NUMBER: 0092
DRIVER: 27374
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 33.78
EXTRA (\$): 0.00
SUBTTL (\$): 33.78

TIP (\$): 5.00

TOTAL (\$): 38.78

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Southport → Hotel

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

(14)

DATE: 2014/09/17
PICK-UP TIME: 19:15
DROP-OFF TIME: 19:44
TRIP ID: 0
LOCATION: 073800-45024103707
CAR NUMBER: 0324
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 47.58
EXTRA (\$): 0.00
SUBTTL (\$): 47.58

TIP (\$): 7.00

TOTAL (\$): 54.58

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

GST# R128599776

(11) Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd FL 19/09/14 18:04
Receipt [REDACTED]

Short-term parking tkt
HL - No. 013517
17/09/14 06:30 -
20/09/14 06:29 -
Period 3d0h0'
(Tax) \$75.00

Total \$75.00

Payment Received
AMEX \$75.00

Type: Swiped
Sub Total \$71.43
Tax 5% 3.57

Airport → Southport

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

(13)

DATE: 2014/09/17
PICK-UP TIME: 08:06
DROP-OFF TIME: 08:45
TRIP ID: 0
LOCATION: 073800-45024103707
CAR NUMBER: 0324

FARE (\$): 56.78
EXTRA (\$): 0.00
SUBTTL (\$): 56.78

TIP (\$): 8.40

TOTAL (\$): 65.18

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

TBCC => Hotel
- Emo Retuat

CHECKER-YELLOW CAB

510 BURLINGAME ROAD SE
CAMDEN, NJ 08102

(16)



TAKE AMOUNT: \$ 39.30

TIP AMOUNT: \$ 5.89

TOTAL: \$ 45.19

AMEX SALE:

APPROVAL NUMBER:

PASSENGER COPY

THANK YOU
CHECKER-YELLOW CAB
646-31290-9999
WWW.THECHECKERGROUP.COM



Terminal ID:
Vehicle ID:
Driver ID:
Trip Number:
Passengers:

314 C35 922
9027

73 283

1

09/09/2014

Start: 12:29

Distance: 223.00

Take Amount:

Tip Amount:

Total:

Amex Sale:

Approval #:

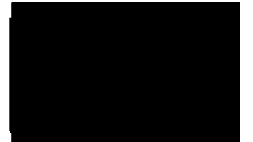
End: 13:00

Rate: 1

\$ 39.30

\$ 5.89

\$ 45.19



(12)

Radisson

Paul Grundy
Canada

Room No. :
Arrival : 09-17-14
Departure : 09-19-14
Page No. : 1 of 1
Folio No. :
Conf. No. :
Cashier No. : 12

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

09-19-14 03:14:41 AM EST

Date	Text	Charges	Credits
09-17-14	Room	149.00 ✓	
09-17-14	Marketing Fee	4.47 ✓	
09-17-14	GST Tax	7.67 ✓	
09-17-14	Alberta Tourism Levy	6.14 ✓	
09-18-14	Restaurant	46.68	
09-18-14	Room	149.00 ✓	
09-18-14	Marketing Fee	4.47 ✓	
09-18-14	GST Tax	7.67 ✓	
09-18-14	Alberta Tourism Levy	6.14 ✓	
09-19-14			
Total		381.24	381.24
Balance			0.00

381.24
- 46.68
\$334.56

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Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Radisson Hotel & Conference Centre Calgary Airport East
6620 36th Street NE
Calgary, AB T3J 4C8
Telephone: (403) 475-1111 Fax: (403) 719-3855
GST #: 82338 3401 RT0001

Lori Kiernan

Subject: CMO - Offsite Meeting - Day 2
Location: Radisson Hotel & Conference Center, Calgary Airport

Start: Fri 9/19/2014 8:00 AM
End: Fri 9/19/2014 3:15 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Jamie Rice

Required Attendees:

Paul Grundy,

The CMO Offsite meeting will be held on September 18 and 19 at the Radisson Hotel & Conference Center, Calgary Airport, 6620 36 St NE, Calgary. This is a new venue located approximately 10 minutes from the Calgary Airport. Shuttle service will be available at the end of each day to return participants to the airport.

Radisson Hotel & Conference Center, Calgary Airport
6620 36 St NE
Calgary

Toll free 1-(800) 333-3333
AB (403) 475-1111



FUTURE CMO
Offsite meetings ...

NOTES

Follow-up/Action

per diem meals - Wed - breakfast

lunch

dinner

hotel

air

taxi x4

meals

airport parking

Thurs - 0

Fri - 0