

## Official Administrator and Executive Expense Report

**Name** Dr. Paul Grundy  
**Title** SMD & Chief Program Officer, Cancer Control Alberta  
**Location** Edmonton

Expenses submitted during the month of April 2015

		Travel (1)								
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	Expense Claim	Meetings		104	670	477	1,251			
Apr-15	Direct Billing	Meetings	1,988				1,988			
<b>Total</b>			\$ 1,988	\$ 104	\$ 670	\$ 477	\$ 3,239	\$ -	\$ -	\$ -

**Total for the Month** \$ 3,239

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 199  
 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

### 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-Mar-15 To 20-Apr-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_  
 Out-of-Province Travel: \_\_\_\_\_

Name: Dr Paul Grundy Position (Title): CPO & SrMD  
 Location: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (please) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pq	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	71110000012	\$370.72						\$1,250.76		
2B	101	0002	71110000012	\$880.04								
2C	101	0002	71110000012									
2D	101	0002	71110000012									
				\$1,250.76							<b>TOTAL CLAIM</b>	\$1,250.76

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 \*\*User to enter Coding & \$ Amounts  
 NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1127) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.  
 I attest that expenses included 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 expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

By signing this form, I attest that I am compliant to all the above statements.  
 Employee Signature: Paul Grundy Date: April 20/15

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 that expenses included 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 expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Dr. Francois Belanger DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: Francois Belanger Title: VP & Medical Director, Central and Southern Alberta Zone Medical Director, Calgary Zone Date: April 20/15

By signing this form, I 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(1) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FIPPA) 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 T5J 1J6



**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> 101   0000    71110000012	<b>Emp # (E-People)</b> [REDACTED]	Page <b>2A</b>
<i>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.</i>		

**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.

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						
30-Mar-15	Dr Grundy took a cab from Calgary Airport to South Health Campus for a series of meetings including Premier's Announcement on Infrastructure	AB - Provincial	Meeting	Yes							\$90.50			
30-Mar-15	Dr Grundy took a cab from South Health Campus to Calgary Airport after attending a series of meetings including Premier's Announcement on Infrastructure	AB - Provincial	Meeting	Yes							\$81.19			
30-Mar-15	Dr Grundy perked at the Edmonton Airport as he was in Calgary for the day in a series of meetings including Premier's Announcement on Infrastructure	AB - Provincial	Meeting	Yes								\$25.00		
7-Apr-15	Dr Grundy took a cab from home to the Edmonton International Airport for a flight to Calgary.	AB - Provincial	Meeting	Yes							\$52.90			
7-Apr-15	Dr Grundy took a cab from the Calgary International Airport to the Delta Bow Valley Hotel where Dr. Grundy stayed Apr 7 - 10, 2015	AB - Provincial	Meeting	Yes							\$45.00			
8-Apr-15	Dr Grundy took a cab from the Delta Bow Valley Hotel to the Hotel Alma to attend the morning portion of Phase I Partnership Meeting: Building a Clinical Research Legacy.	AB - Provincial	Meeting	Yes							\$24.38			
8-Apr-15	Per Diem for breakfast, lunch and dinner while in Calgary attending all day meetings	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55								
8-Apr-15	Dr Grundy took a cab from Hotel Alma to TBCC to attend a series of meetings at the TBCC in the afternoon	AB - Provincial	Meeting	Yes							\$10.20			
<b>SUBTOTALS</b>						\$41.55					\$304.17	\$25.00		Total Kms

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p align="center">-- details of travel location to &amp; from must be included above under the purpose of travel column</p> <p align="center">Rates applicable <b>\$0.505</b> per km for under 5,000km/yr or <b>\$0.47</b> per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>
<p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	
<p align="right"><b>Mileage \$</b> _____</p> <p align="right"><b>Travel \$ Subtotal</b>    \$370.72</p> <p align="right"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b>    \$370.72</p>	

**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)

**EXPENSE CLAIM DETAILS**

Enter Finance Coding **101 0002 71110000012** Emp # (E-People) [REDACTED] Page **2B**

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 [REDACTED] 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.

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							
9-Apr-15	Dr. Grundy took a cab from the Delta Bow Valley Hotel to the TBCC to attend a series of meetings	AB - Provincial	Meeting	Yes											
9-Apr-15	Dr. Grundy took a cab from the TBCC to Southport to meet with Dr. F. Belanger and Gail Hufty	AB - Provincial	Meeting	Yes											
10-Apr-15	Per Diem for breakfast, lunch and dinner while in Calgary attending all day meetings	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55									
10-Apr-15	Dr. Grundy took a cab from the Della Bow Valley Hotel to the UoIC to attend a series of meetings	AB - Provincial	Meeting	Yes											
10-Apr-15	Delta Bow Valley Hotel where Dr. Grundy stayed in Calgary Apr 7 - 10, 2015 for a series of meetings	AB - Provincial	Meeting	Yes											
10-Apr-15	Per Diem for breakfast and lunch while in Calgary attending all day meetings	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80									
10-Apr-15	Dr.Grundy took a cab from the Edmonton International Airport to home	AB - Provincial	Meeting	Yes											
<b>SUBTOTALS</b>						\$62.35					\$817.69				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	\$880.04
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	<b>\$880.04</b>

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)



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

2

THE PROFESSIONALS  
387-41 AVE NE (483) 299-1111

DATE: 2015/04/08  
PICK-UP TIME: 21:00  
DROP-OFF TIME: 22:09  
TRIP ID: 8  
LOCATION: 073000-45024103707  
CAR NUMBER: 1234  
DRIVER: 497449-45024103707  
CARD TYPE: ANEX  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) 39.88  
EXTRA (\$) 0.00  
SUBTTL (\$) 39.88

Airport → Delta  
Half

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

5

DATE: 2015/04/08  
PICK-UP TIME: 21:00  
DROP-OFF TIME: 22:09  
TRIP ID: 8  
LOCATION: 073000-45024103707  
CAR NUMBER: 1234  
DRIVER: 497449-45024103707  
CARD TYPE: ANEX  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) 39.88  
EXTRA (\$) 0.00  
SUBTTL (\$) 39.88

TIP (\$) 5.90

TOTAL (\$) 45.90

SIGNATURE: *[Signature]*

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

CUSTOMER'S COPY

THANK YOU  
1-800-725-5309  
WWW.THECHECKER.CA



Home → Airport

4

21 LOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6B 1C2  
780-462-3456

Item Id: 45024124702360  
Item #: 0839  
AMERICAN EXPRESS  
PURCHASE  
Op Id: 21:013  
Card #: [REDACTED]

APP: 0000000000000001

APPROVED

AMOUNT CAD\$46.00  
TIP CAD\$6.90  
TOTAL CAD\$52.90

Ref. #: [REDACTED]  
Auth. #: [REDACTED]  
Trans. Code: 00  
TKN: 0000000000  
TST: F000

BOOK ONLINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 130907070

0-100 2015/04/08 11:00:00

1

DATE: 2015/03/30  
PICK-UP TIME: 08:04  
DROP-OFF TIME: 08:40  
TRIP ID: 0  
LOCATION: 073000-45024103707  
CAR NUMBER: 1257  
DRIVER: 938302  
CARD TYPE: ANEX  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) 78.78  
EXTRA (\$) 0.00  
SUBTTL (\$) 78.78

TIP (\$) 11.80

TOTAL (\$) 90.50

SIGNATURE: *[Signature]*

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

CUSTOMER'S COPY

GST# R128599776

Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2m 03/30/15 18:51  
Receipt: [REDACTED]

Short-term parking tkt  
HL - No. 013715  
30/03/15 06:18  
31/03/15 06:17  
Period 1d0h0'  
(Tax) \$25.00  
Total \$25.00

Payment Received  
ANEX \$25.00

Merch: 9326641900  
Auth: [REDACTED]  
Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

0000000000000001

Delta Hotel  
 → TBCC  
 CHECKER YELLOW CAB  
 210 MONTGOMERY ROAD SW  
 EDMONTON AB T6B 1Z2 (8)

TRIP NO: 4277330  
 APPROVAL NO: 4277  
 APPROVAL NO: 5022

Date

Destination: Airport, Montreal Express

AID: A000000025010001

AMOUNT: Entry Method: Slip

Amount: \$ 19.00  
 Tip: \$ 2.95

Total: CAD\$ 21.95  
 \$ 21.95  
 10:40:09

Resp Code: 00  
 TRIP: 4277330  
 TRIP: 4277

TRIP: [Redacted] Resp Code: [Redacted]  
 Approved Online: [Redacted]  
 TRIP Ref #: 065804241115239

Hotel Alma meeting  
 → TBCC (7)

TENDRNO: 4277330  
 TRIP NO: 4277  
 APPROVAL NO: 5022  
 APPROVAL NO: [Redacted]

TRIP NO: 4277330  
 APPROVAL NO: 4277

TRIP AMOUNT: \$ 19.00

TIP AMOUNT: \$ 0.35  
 TIP AMOUNT: \$ 2.65

TOTAL: \$ 19.20  
 \$ 10.20

APPROVAL NUMBER: [Redacted]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
 (403)251-9955  
 WWW.THECHECKERGROUP.COM



Delta Hotel  
 → Hotel Alma meals (6)

TENDRNO: 4277330  
 TRIP NO: 4277  
 APPROVAL NO: 5022  
 APPROVAL NO: [Redacted]

TRIP NO: 4277330  
 APPROVAL NO: 4277

TRIP AMOUNT: \$ 19.19

TIP AMOUNT: \$ 1.61  
 TIP AMOUNT: \$ 3.16

TOTAL: \$ 24.38  
 \$ 24.38

APPROVAL NUMBER: [Redacted]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
 (403)251-9955  
 WWW.THECHECKERGROUP.COM



Airport  
 → Home (13)

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

TRIP ID: 4502412478247  
 TRIP NO: 0282  
 AMERICAN EXPRESS  
 PURCHASE  
 OF: 101584270  
 Card: [Redacted]

AID: A000000025010001

APPROVED

AMOUNT: CAD\$55.00  
 TIP: CAD\$8.25  
 TOTAL: CAD\$63.25

Ref. #: [Redacted]  
 Resp. Code: 00  
 TRIP: 0000000000  
 TRIP: 0000

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

GET 100403070

Date: 2015/04/10 Time: 10:32:45

Hotel  
 → UofC (10)

TENDRNO: 4277330  
 TRIP NO: 4277  
 APPROVAL NO: 5022  
 APPROVAL NO: [Redacted]

TRIP NO: 4277330  
 APPROVAL NO: 4277

TRIP AMOUNT: \$ 19.05

TIP AMOUNT: \$ 0.95  
 TIP AMOUNT: \$ 3.00

TOTAL: \$ 23.00  
 \$ 23.00

APPROVAL NUMBER: [Redacted]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
 (403)251-9955  
 WWW.THECHECKERGROUP.COM



TBCC → Southport (9)

TENDRNO: 4277330  
 TRIP NO: 4277  
 APPROVAL NO: 5022  
 APPROVAL NO: [Redacted]

TRIP NO: 4277330  
 APPROVAL NO: 4277

TRIP AMOUNT: \$ 19.05

TIP AMOUNT: \$ 1.11  
 TIP AMOUNT: \$ 3.16

TOTAL: \$ 39.33  
 \$ 39.33

APPROVAL NUMBER: [Redacted]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
 (403)251-9955  
 WWW.THECHECKERGROUP.COM



  
**DELTA**  
 BOW VALLEY

(11)

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
 Tel: 403-266-1980 Fax: 403-266-0007

Dr Paul Grundy  
 Alberta Health Services

Room: [REDACTED]  
 Folio: [REDACTED]  
 Cashier: [REDACTED]  
 Arrival: 04-07-15  
 Departure: 04-10-15

Date	Description	Additional Information	Charges	Credits
04-07-15	Room Charge		199.00	
04-07-15	Room GST		10.25	
04-07-15	Tourism Levy		8.20	
04-07-15	DMF - Destination Marketing Fee		5.97	
04-08-15	Room Charge		199.00	
04-08-15	Room GST		10.25	
04-08-15	Tourism Levy		8.20	
04-08-15	DMF - Destination Marketing Fee		5.97	
04-09-15	Room Charge		199.00	
04-09-15	Room GST		10.25	
04-09-15	Tourism Levy		8.20	
04-09-15	DMF - Destination Marketing Fee		5.97	
04-09-15	American Express			670.26

GST Summary	
Registration No: 826085417	
Room	30.75
F&B	0.00
Other	0.00
<b>Total</b>	<b>30.75</b>

<b>Total</b>	670.26	670.26
<b>Balance Due</b>	0.00	CDN

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.

## 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.

<b>Direct Bill Report</b>
---------------------------

- 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: April 2015
-----------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-07	Direct Billing	Transportation	Dr.Grundy had a flight booked to Calgary from Apr 8-10, 2015 and we needed to change his flight to leave the night of April 7/15 and add on one night stay at a hotel.	Marlin Travel	\$70.00
2015-04-13	Direct Billing	Transportation	Dr. Grundy booked a flight Edmo - Tor return for May 6 - 7, 2015 to	Marlin Travel	\$853.96



			attend the CAPCA Board Meeting and the Partnership Council in Toronto.		
2015-04-14	Direct Billing	Transportation	Dr. Grundy booked a flight to Calgary from Apr 29-May 1, 2015 and two night stay at a hotel as he has a series of meetings in Calgary .	Marlin Travel	\$287.96
2015-04-21	Direct Billing	Transportation	Dr. Grundy booked a flight to Calgary to attend the CCELC In-Person (half day), CCRA Awards Review and Research Dyad meetings.	Marlin Travel	\$342.96
2015-04-23	Direct Billing	Transportation	Dr. Grundy changed the return time on his flight back to Edmonton.	Marlin Travel	50.00
<b>Total Paid in the Month</b>					<b>\$1,604.88</b>

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: April 9, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

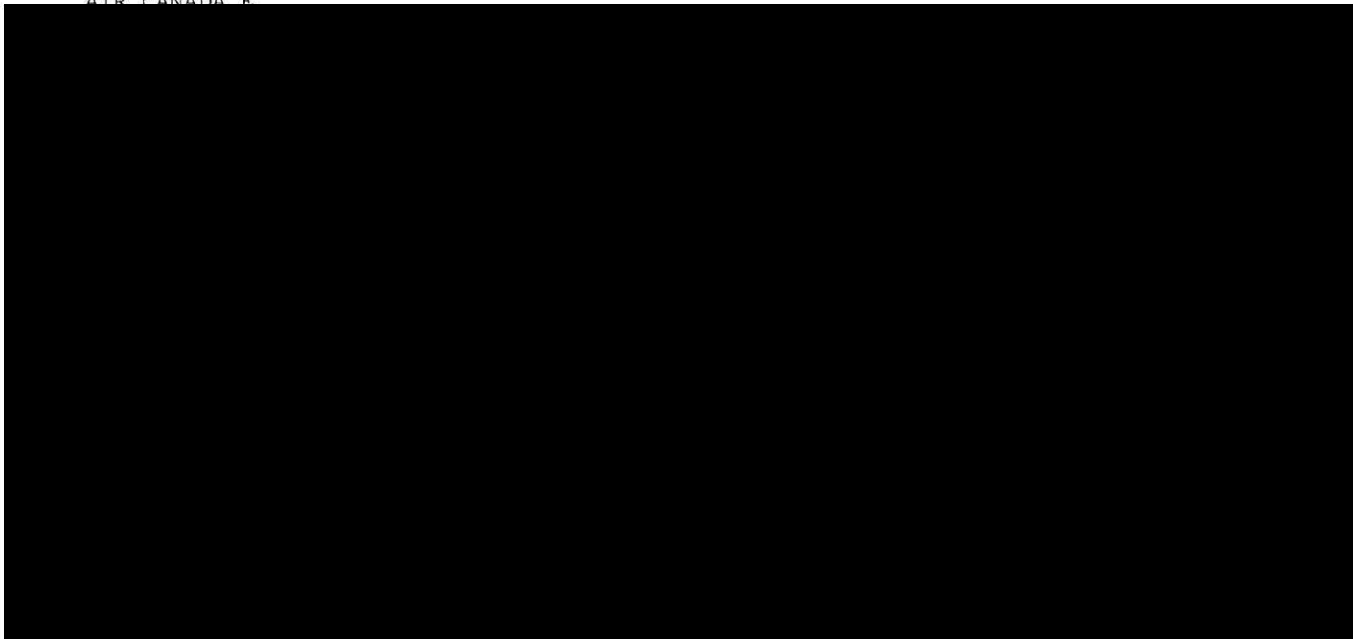
Tuesday, April 7, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 07Apr15  
AIR CANADA F

Flight: 8163 Q CLASS  
09:00 PM Equipment: D8 (300 SERIES)  
09:51 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: April 9, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Friday, April 10, 2015

 Air

AIR CANADA  
From: CALGARY AB Flight: 8154 ECONOMY CLASS  
To: EDMONTON INTL AB 05:00 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 10Apr15 05:51 PM Mile(s) Flown: 163  
AIR CANADA E

**Cost:**

AIR CANADA WEB	[REDACTED]	[REDACTED]	20.00
AIR CANADA WEB	[REDACTED]	[REDACTED]	50.00
<b>Total:</b>			

<b>Grand Total:</b>	70.00
<b>Less Credit Card Payments:</b>	70.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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



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

Branch:

Agent:

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

Invoice Number:

Date:

April 13, 2015

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For

DR PAUL GRUNDY

AC

Wednesday, May 6, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: TORONTO PEARSON

Stops: 0 Arrival: 06May15

E TICKET

SEAT 14D

Flight: 172 W CLASS

01:05 PM Equipment: A320

06:47 PM

Mile(s) Flown: 1671

Friday, May 8, 2015

 Air

AIR CANADA

From: TORONTO PEARSON

To: EDMONTON INTL AB

Stops: 0 Arrival: 08May15

E TICKET

SEAT 14C

Flight: 157 G CLASS

06:25 PM Equipment: A320

08:32 PM

Mile(s) Flown: 1671

Cost:

AIR CANADA WEB

Tax:

Ticket Total:

784.00

69.96

853.96

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

Invoice Number: [REDACTED]  
Date: April 13, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

Total:

<b>Grand Total:</b>	853.96
<b>Less Credit Card Payments:</b>	853.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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

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

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

April 14, 2015

1/2

## INVOICE

For

DR PAUL GRUNDY

AC

Wednesday, April 29, 2015

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 29Apr15

AIR CANADA E

Flight: 8171

L CLASS

08:00 PM Equipment: D8 (300 SERIES)

08:51 PM

Mile(s) Flown: 163

Friday, May 1, 2015



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

Invoice Number: [REDACTED]  
Date: April 14, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Friday, May 1, 2015

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 01May15  
AIR CANADA E

Flight: 8172 L CLASS  
05:30 PM Equipment: D8 (300 SERIES)  
06:22 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	192.00
	Tax:	74.96
	<b>Ticket Total:</b>	<b>266.96</b>
AIR CANADA WEB [REDACTED]	[REDACTED]	21.00
<b>Total:</b>		
	<b>Grand Total:</b>	287.96
	<b>Less Credit Card Payments:</b>	287.96
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

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

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

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

April 21, 2015

1/2

## INVOICE

For

DR PAUL GRUNDY

AC

Tuesday, May 12, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 12May15

Seat(s): 02D

AIR CANADA E

AIR CANADA CONFIRMATION #

TICKET NUMBER

Flight: 8133 G CLASS

07:00 AM Equipment: CRJ JET

07:48 AM

Mile(s) Flown: 163

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 12May15

AIR CANADA E

Flight: 8172 G CLASS

05:30 PM Equipment: D8 (300 SERIES)

06:22 PM

Mile(s) Flown: 163

Cost:

TKT-

E-TKT

268.00

Tax:

74.96

Ticket Total:

342.96

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

Invoice Number: [REDACTED]  
Date: April 21, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

Total:

<b>Grand Total:</b>	342.96
<b>Less Credit Card Payments:</b>	342.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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



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

GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

April 23, 2015

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For

DR PAUL GRUNDY

AC

Tuesday, May 12, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 12May15

Seat(s): 02D

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

Flight: 8133 G CLASS

07:00 AM Equipment: CRJ JET

07:48 AM

Mile(s) Flown: 163

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 12May15

AIR CANADA E

Flight: 8225 G CLASS

06:00 PM Equipment: CRJ JET

06:47 PM

Mile(s) Flown: 163

Cost:

TKT-

E-TKT EXCHANGED

50.00

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

Invoice Number: [REDACTED]  
Date: April 23, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

Total:

<b>Grand Total:</b>	50.00
<b>Less Credit Card Payments:</b>	50.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.

## 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: April 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-07	Direct Billing	Transportation	Dr. Grundy booked a flight to Calgary from July 9-10, 2015 to attend a series of meetings in Calgary. As the Stampede is on at this time we booked early so we could get a flight and a hotel.	Marlin Travel	\$382.96
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
	Direct Billing	Choose One			
<b>Total Paid in the Month</b>					<b>\$382.96</b>



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 TSJ 3E4

Invoice Number:

Date:

April 29, 2015

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For

DR PAUL GRUNDY

AC

Thursday, July 9, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 09Jul15

AIR CANADA E

AIR CANADA

Flight: 8155 G CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:24 PM

Mile(s) Flown: 163

Friday, July 10, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 10Jul15

AIR CANADA E

AIR CANADA

Flight: 8172 G CLASS  
05:30 PM Equipment: D8 (300 SERIES)  
06:22 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

308.00

Tax:

74.96

Ticket Total:

382.96

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

Invoice Number: [REDACTED]  
Date: April 29, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	382.96
<b>Less Credit Card Payments:</b>	382.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.