

## 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 May 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)
May-15	Expense Claim	Meetings		136	672	672	1,480			
May-15	Direct Billing	Meetings	150				150			
<b>Total</b>			\$ 150	\$ 136	\$ 672	\$ 672	\$ 1,630	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,630

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-Apr-15 To 20-May-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr. Paul Grundy Position (Title): CPO & SrMD

Location: Sun Life Place 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 \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			
2A	101	0000	71110000012	\$214.75						Total Section B	\$1,518.32	
2B	101	0002	71110000012	\$775.03						Total Section C&D		
2C	101	0002	71110000012	\$28.50						Less Cash Advance		
2D	101	0002	71110000012	1480.03						<b>TOTAL CLAIM</b>	<b>\$1,518.32</b>	
				<u>1480.03</u>								
				<u>\$1,518.32</u>								

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

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

*1480.03*

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

Travel, Hospitality and Working Session Expenses Policy - Document 1122

By signing this form, I attest that I am compliant in all the above statements.

Employee Signature: *Paul Grundy* Date: June 11/15

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

Approved By (PRINT ONLY): Dr. Francois Belanger DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Signature: *Francois Belanger* Title: VP MEDICAL CONTAINERS ALBERTA Date: JUNE 20, 2015

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

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

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 23(a) 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 3F6

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000012 Emp # (E-People) [REDACTED] 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 = 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-mm-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 Type with value	Allowance	Meal Type	with receipt	Airfare			
29-Apr-15	Dr. Grundy took a cab from Calgary Airport to Delta Bow Valley Hotel where he is staying while in Calgary Apr 29 - May 1, 2015 for a series of meetings	AB - Provincial	Meeting	Yes						\$44.80		
29-Apr-15	Per Diem for dinner while in Calgary attending a series of meetings between Apr 29 - May 1, 2015	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75						
30-Apr-15	Dr. Grundy took a cab from the Petroleum Club to the Rewater Stadium Grill for lunch meeting with Dr. D. Morris	AB - Provincial	Meeting	Yes	L x 2		L	\$61.49		\$23.23		
30-Apr-15	Per Diem for breakfast and dinner while in Calgary attending a series of meetings between Apr 29 - May 1, 2015	AB - Provincial	Meeting	Yes	BD-\$29.95	\$29.95						
1-May-15	Dr. Grundy took a cab from the Delta Bow Valley Hotel to the TBCC to attend TBCC Executive Committee, Planning and Roles for the Future CCP Performance Appraisal for M. Civitella, Year in Review for CCA.	AB - Provincial	Meeting	Yes						\$23.00		
1-May-15	Dr. Grundy took a cab from the TRW Building at UoC Campus to Calgary International Airport	AB - Provincial	Meeting	Yes						\$43.93		
1-May-15	Per Diem for breakfast and lunch while in Calgary attending all day meetings	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80						
1-May-15	Dr. Grundy stayed at the Delta Bow Valley Hotel Apr 29-May 1, 2015 while in Calgary for a series of meetings	AB - Provincial	Meeting	Yes						\$446.84		
<b>SUBTOTALS</b>						\$71.50		\$61.49		\$446.84	\$134.96	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 \$0.805 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 \$714.79

Auto fills on page 1 - TOTAL TRAVEL \$ 714.79

**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)

67650

①  
②  
③ - ④  
⑤  
⑥  
⑦

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0002 7111000012 Emp # (E-People) [REDACTED] Page 28

*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						
1 May-15	Dr. Grundy was parked at the Edmonton International Airport while in Calgary for a series of Meetings between Apr 28 - May 1, 2015	AB - Provincial	Meeting	Yes						\$50.00				
6-May-15	Dr. Grundy took a cab from Toronto Airport to the One King West Hotel	ON	Meeting	Yes						\$63.25				
6-May-15	Per Diem for dinner while in Toronto attending CAPCA Board in Person Meeting on May 7/15 and CPAC and Provincial Cancer Agency/Program Council meeting on May 8/15	ON	Meeting	Yes	D-\$20.75	\$20.75								
7-May-15	Dr. Grundy took a cab from the One King West Hotel to the Canadian Association of Provincial Cancer Agencies Office	ON	Meeting	Yes						\$12.36				
8-May-15	Dr. Grundy paid for one stay at the One King West hotel	ON	Meeting	Yes				\$224.67						
9 May 15	Per Diem for dinner while in Toronto attending CAPCA board in person Meeting on May 7/15 and CPAC and Provincial Cancer Agency/Program Council meeting on May 8/15	ON	Meeting	Yes	D-\$20.75	\$20.75								
9 May-15	Dr. Grundy was parked at the Edmonton International Airport while in Ontario for CAPCA Board in Person Meeting on May 7/15 and the CPAC and Provincial Cancer Agency/Program Council meeting on May	ON	Meeting	Yes						\$75.00				
12-May-15	Dr. Grundy drove to Calgary for the CCRA Awards Review Committee mtg, Research DYAD mtg and the In-Person CCELC meeting and drove back to Edmonton with Gail Huffy on the return trip	AB - Provincial	Meeting	Yes								610.00		
<b>SUBTOTALS</b>						\$41.50			\$224.67	\$75.51	\$125.00		Total Kms 610.00	

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.506 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
		Mileage \$	\$308.05
		Travel \$ Subtotal	\$466.98
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3		Auto fills on page 1 - TOTAL TRAVEL \$	\$775.03

**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)



Airport → Hotel

ASSOCIATED CAB CO. LTD.  
3612 10TH AVE NW CALGARY AB T2E 1M1  
INSTALLED BY: [REDACTED]

DATE: 2011-04/29  
PICK-UP TIME: 20:59  
DROP-OFF TIME: 21:15  
TRIP ID: 8  
LOCATION: 4169787  
CAR NUMBER:  
CARD TYPE:  
CARD:  
EXPIRY:  
AUTH:

FARE (\$) 39.10  
EXTRA (\$) 0.00  
TAXES 0.00

TIP (\$) 5.70

TOTAL (\$) 44.80

SIGNATURE: [Handwritten Signature]

FOR ONLINE TAXI BOOKING VISIT  
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

TBCC → Hotel

CALGARY UNITED CABS  
5660 10TH STREET NE  
SUITE 8  
CALGARY AB T2E 8W7  
(403) 777-1111

SALE

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch #. 067 SEQ 067001001008  
04/30/15 17:31:00

AMERICAN EXPRESS  
APPX CODE: [REDACTED]

AMOUNT \$20.20  
TIP \$3.03  
TOTAL \$23.23

00 - APPROVED - 000

AMERICAN EXPRESS  
AID: A000000025010801  
TVR: 00 00 00 80 00  
TSE: F8 00

CUSTOMER COPY

TRUCK → Airport  
310 McNICOLL ROAD SE  
CALGARY, AB T2E 1A2  
⑥  
TERMINAL ID:  
MERCHANT ID:  
VEHICLE ID:  
DRIVER ID:  
GST ACCOUNT ID:  
TRIP NUMBER:  
PASSENGERS:  
[REDACTED]

UP/DL/2015  
START: 16.00  
DISTANCE: 153.00  
RATE: 1  
END: 16:34  
RATE: 1

TAX AMOUNT: \$ 1.02  
TIP AMOUNT: \$ 5.73

TOTAL: \$ 43.93

PASSENGER COPY

THANK YOU  
(403) 777-1111  
WWW.THECHECKERGROUP.COM

CHECKER!  
TAXI  
CABS

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd F1 01/05/15 18:38  
Receipt [REDACTED]

Short-term parking tkt  
HL - No. 097399  
29/04/15 18:35  
01/05/15 18:34  
Period 2d0h0'  
(Tax) \$50.00

Total \$50.00

Payment Received  
AMÉX \$50.00

Sub Total \$47.62  
Tax 5% \$2.38

07580000 - 1/1

Hotel → TBCC

CHECKER/YELLOW CAB  
306 MERIDIAN ROAD SE  
CALGARY, AB T2A 1A2

Merchant ID: [REDACTED] (5)  
Date: 01/05/2015  
Record Number: 0000

Total

[REDACTED]

AMÉX Entry Method: Chip

Amount: \$ 20.00  
Tip: \$ 3.00

Total: CAD\$ 23.00

2015/05/01 07:23:41  
Resp Code: 00

Per Screen  
Wed - A  
Thurs - B - A  
Fri - B - L

(2)



**DELTA**

BOW VALLEY

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

7

AB HEALTH SERVICES  
Dr Paul Grundy  
Alberta Health Services

Room: XXXXXXXXXX  
Folio:  
Cashier: 13  
Arrival: 04-29-15  
Departure: 05-01-15

Date	Description	Additional Information	Charges	Credits
04-29-15	Room Charge		199.00	
04-29-15	Room GST		10.25	
04-29-15	Tourism Levy		8.20	
04-29-15	DMF - Destination Marketing Fee		5.97	
04-30-15	Room Charge		199.00	
04-30-15	Room GST		10.25	
04-30-15	Tourism Levy		8.20	
04-30-15	DMF - Destination Marketing Fee		5.97	
04-30-15	American Express			446.84

Total	446.84	446.84
Balance Due	0.00	CDN

**GST Summary**

Registration No: 826085417  
Room 20.50  
F&B 0.00  
Other 0.00  
**Total 20.50**

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.



GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 1st Fl 08/05/15 21:32  
Receipt

Short-term parking tkt  
HL - No. 014777  
06/05/15 12:04  
09/05/15 12:03  
Period 3d0h0'  
(Tax) \$75.00

Total \$75.00

Payment Received  
AMEX \$75.00

Sub Total \$71.43  
Tax 5% \$3.57

0318AF1E - 1/1

Per Diem (10)  
Wed May 6 D.  
Thurs 0  
Fri D

Airport → Hotel  
AIRFLIGHT SERVICES  
3300 STEELES W  
4164451999  
CONCORD ON (9)

CARD [REDACTED]  
CARD TYPE AMEX  
DATE 2015/05/06  
TIME 0550 19:42:58  
CLERK ID 066  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$8.25  
TOTAL \$63.25

AMERICAN EXPRESS  
A000000025010801  
9ED3FD46C5B506E7  
000000B000-EB00  
7A184992AFCC84CE  
000000B000-FB00

APPROVED

AUTH# [REDACTED] 00-025  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



AIR CANADA

MAPLE LEAF LOUNGE  
SALON FEUILLE D'ÉRABLE

STAR ALLIANCE GOLD

AMERICAN EXPRESS

AMOUNT \$10.75  
TOTAL \$12.36

00 - APPROVED - 000

4341496  
A434149R  
# 0530  
JODE R72258  
AN EXPRESS  
70000

S.I.L.E

(416) 399-3300

(11)

Hotel → Meeting. out  
CCO

Thank You for Choosing

Beck Taxi

3 Ways to Order

PHONE: WEB-APP

3077P

CAB 2883

CUSTOMER COPY

12



# ONE KING WEST

HOTEL • RESIDENCE

Grundy, Dr. Paul

FOLIO NO.: [REDACTED]  
ROOM NO.: [REDACTED]  
ARRIVE: 05/06/15  
DEPART: 05/08/15  
RATE/PACKAGE:  
RATE/PACKAGE DESCRIPTION: Group Rate w/internet  
NO. IN PARTY: 1  
DEPOSIT REC'D:

DATE	DESCRIPTION	CHARGES	PAYMENTS
05/06/15	AMEX		224.87
05/06/15	1 room revenue group other	199.00	
05/06/15	1 HST	25.87	
	Subtotals	\$ 251.27	224.87

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

Guest Signature: \_\_\_\_\_

HST # 83097 7690 RT0001

# Parking ACH

Alberta Health Services (16)  
ACH Lot 1

RECEIPT [Redacted]

ENTRY DATE/TIME:  
12/05/15 11:25  
PAY DATE/TIME:  
12/05/15 16:08  
PARK-DUR.: HRS:MIN  
0:04:43

\*\*\*\*\*

ALLOWED EXIT TO:  
12.05.15 16:28

\*\*\*\*\*

PAID: \$ 14.25  
AMEX

[Redacted]  
REF. 10

\*\*\*\*\*

\* Parking Rates \*  
\* Are GST Exempt \*  
\*\*\*\*\*  
\* Please Exit \*  
\* Site Within \*  
\* 15 Minutes \*  
\* After Payment \*  
\* Is Made \*

\*\*\*\*\*

\* No In/Out \*  
\* Privileges \*

\*\*\*\*\*

\* Managed by \*  
\* Alberta \*

\* HealthServices \*

\*\*\*\*\*

\* Have Questions \*  
\* Or Concerns? \*

\* Call Us \*

\* 403-955-7947 \*

\*\*\*\*\*

# Parking TBCC

ALBERTA HEALTH SERVICES (15)  
FMC Lot 1

RECEIPT [Redacted]

ENTRY DATE/TIME:  
12/05/15 08:08  
PAY DATE/TIME:  
12/05/15 08:08  
PARK-DUR.: HRS:MIN  
0:03:08

\*\*\*\*\*

ALLOWED EXIT TO:  
13.05.15 08:23

\*\*\*\*\*

PAID: \$ 14.25  
AMEX

[Redacted]  
REF. 26

\*\*\*\*\*

\* Parking Rates \*  
\* Are GST Exempt \*  
\*\*\*\*\*  
\* Please Exit \*  
\* Site Within \*  
\* 15 Minutes \*  
\* After Payment \*  
\* Is Made \*

\*\*\*\*\*

\* No In/Out \*  
\* Privileges \*

\*\*\*\*\*

\* Managed by \*  
\* Alberta \*

\* HealthServices \*

\*\*\*\*\*

\* Have Questions \*  
\* Or Concerns? \*

\* Call Us \*

\* 403-944-1014 \*

\*\*\*\*\*

610 km

Home → TBCC → ACH

→ Home.

## 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: May 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-05-14	Direct Billing	Transportation	Dr. Grundy booked a flight to Calgary from June 10-12, 2015 to attend a series of meetings in Calgary. We used a credit from May 12/15 flight that was canceled. The only charges are the rebooking charge.	Marlin Travel	\$100.00

2015-05-25	Direct Billing	Transportation	Dr. Grundy changed his June 10-12, 2015 trip to June 10-11, 2015. The charge is for rebooking.	Marlin Travel	\$50.00
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$150.00</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: TIFFANY ASKE [REDACTED]

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

Invoice Number: [REDACTED]  
Date: May 15, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**For**  
DR PAUL GRUNDY  
AC [REDACTED]

**Wednesday, June 10, 2015**

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 10Jun15  
**Seat(s):** 03C  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

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

**Mile(s) Flown:** 163

 **Hotel**

**Check In:** 10Jun2015  
**Check Out:** 12Jun2015  
CALGARY AB  
ALTANTIC HOST  
ALOFT CALGARY UNIVE  
2359 BANFF TRAIL NW,CALGARY  
AB,T2M4L2  
CA  
**Tel:** 4032891973  
**Fax:** 4032821241  
**Confirmation:** [REDACTED]

**Rooms** 1  
2 Nights(s)

SUPERIOR TWO QUEEN BEDS  
**Rate:** 209.00 CAD per Night  
Guaranteed for late arrival

**Friday, June 12, 2015**

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

Invoice Number: [REDACTED]  
Date: May 15, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Friday, June 12, 2015

 Air

AIR CANADA  
From: CALGARY AB Flight: 8172 G CLASS  
To: EDMONTON INTL AB 05:30 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 12Jun15 06:22 PM Mile(s) Flown: 163  
Seat(s): 02C  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

<b>Cost:</b>		
TKT- [REDACTED]	E-TKT EXCHANGED	[REDACTED] 100.00
<b>Total:</b>		

**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: N61107  
Agent: TIFFANY ASKE Tel: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: May 25, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**For**  
DR PAUL GRUNDY  
AC [REDACTED]

**Wednesday, June 10, 2015**

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 10Jun15  
**Seat(s):** 03C  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]

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

**Mile(s) Flown:** 163

**Thursday, June 11, 2015**

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 11Jun15  
AIR CANADA E

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

**Mile(s) Flown:** 163

**Cost:**

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 50.00



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

Invoice Number: [REDACTED]  
Date: May 25, 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..  
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