

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 August 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)
Aug-15	Expense Claim	Meetings		42	235	153	430			
Aug-15	Direct Billing	Meetings	1,826				1,826			
Total			\$ 1,826	\$ 42	\$ 235	\$ 153	\$ 2,256	\$ -	\$ -	\$ -

Total for the Month \$ 2,256

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 209
 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 Data From: 21-May-15 To 20-Aug-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel: _____

Name: Dr. Paul Grundy Position (Title): CPO & SrMD
 Location: _____ Dept: _____ 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0000	71110000012	\$429.85					
2B									
2C									
2D									
				\$429.85					

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

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

TOTAL REIMBURSEMENT	
Total Section B	\$429.85
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$429.85

SECTION F: AUTHORIZATION

I attest that I have read and understood 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 the 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 rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Paul Grundy Date: Aug 24/15

I attest that I have read and understood 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 rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Dr. Francois Belanger DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: [Signature] Title: VP & Medical Director, Central and Southern Alberta Zone Medical Director, Calgary Zone Date: Sept 1/15

I attest that I have read and understood 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 rationale 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 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 10639-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T8J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0000 71110000012**

Emp # (E-People) [REDACTED]

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	Prov, US, or 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						
11-Jun-15	Dr. Grundy had to pre-pay for his hotel room at the Aloft Calgary University for a one night stay as the Calgary Stampede is on at the same time as his stay on in Calgary for meetings on June 10-11, 2015	AB - Provincial	Meeting	Yes						\$234.64 ¹				
10-Jun-15	Per Diem for dinner while in Calgary to attend all day meetings on June 11, 2015	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
11-Jun-15	Per Diem for breakfast and lunch while in Calgary on June 11, 2015 while attending day meetings.	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80								
10-Jun-15	Dr. Grundy took a cab from Calgary Airport to the Aloft Calgary University Hotel.	AB - Provincial	Meeting	Yes						\$47.96 ²				
11-Jun-15	Dr. Grundy took a cab from the Aloft Calgary University Hotel to TBCC to attend TBCC Admin Review, CACC Medical Oncologist Search & Selection Committee, Dr. Dean Ruether - Interview for CO Medical	AB - Provincial	Meeting	Yes						\$30.40 ³				
11-Jun-15	Dr. Grundy took a cb from TBCC to the Calgary Airport	AB - Provincial	Meeting	Yes						\$46.80 ⁴				
11-Jun-15	Dr. Grundy paid parking for leaving his car overnight at the Edmonton International Airport while in Calgary	AB - Provincial	Meeting	Yes							\$28.50 ⁵			
SUBTOTALS						\$41.55				\$234.64	\$125.16	\$28.50		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 **\$429.85**

Auto fills on page 1 - **TOTAL TRAVEL \$ 429.85**

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)

①

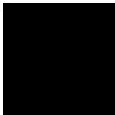
Aloft Calgary University
2359 Banff Trail NW
Calgary, AB T2M 4LZ
Canada
Tel: 403-289-1973 Fax: 403-282-1241



Paul Grundy



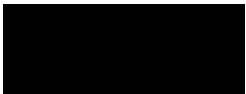
Page Number :
Guest Number :
Folio ID :



Invoice Nbr



10-JUN-15 20:50
11-JUN-15 08:00
1



Information Invoice

Tax ID : 893755702RT0001
Aloft Calgary Univ 11-JUN-15 02:01 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
10-JUN-15	DEPOSIT	Deposit Applied		-234.64
10-JUN-15		Room Charge	209.00	
10-JUN-15		Goods And Services Tax (GST)	10.76	
10-JUN-15		Alberta Tourism Levy	8.61	
10-JUN-15		Destination Marketing Fee	6.27	
		** Total	234.64	-234.64
		*** Balance	0.00	

Continued on the next page

1

Aloft Calgary University
2359 Banff Trail NW
Calgary, AB T2M 4LZ
Canada
Tel: 403-289-1973 Fax: 403-282-1241



Paul Grundy



Page Number :
Guest Number :
Folio ID :

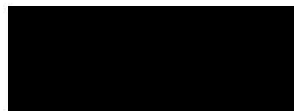


Invoice Nbr



10-JUN-15 20:50
11-JUN-15 08:00

1



Amount (CAD)

0.00
0.00
0.00
0.00
0.00

www.aloftcalgaryuniversity.com

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 11/06/15 18:32
Receipt

Short-term parking tkt
HL - No. 006058
10/06/15 18:20
11/06/15 18:49
Period 1d0h30'
(Tax) \$28.50

Total \$28.50

Payment Received
AMEX \$28.50

Merch 1900
Auth:
Type: Swiped

Sub Total \$27.14
Tax 5% \$1.36

Hotel → TBCC → Mtg

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (463) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/11
PICK-UP TIME: 09:41
DROP-OFF TIME: 09:51
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 1166
CARD TYPE: AMEX
CARD:
EXPIRY:
AUTH:

FARE (\$) 26.40
EXTRA (\$) 0.00
TOTAL (\$) 26.40

TIP (\$) 4.00

TOTAL (\$) 30.40

SIGNATURE

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Airport → Hotel

ASSOCIATED CAB
307 - 41 AVE NE T2E2K7
CALGARY AB
3526-1100710

DATE: 2015/06/11
PICK-UP TIME: 00:47:57
DROP-OFF TIME: C
TRIP ID: C
LOCATION: Card Type AMEX
CAR NUMBER: 1166
CARD TYPE: AMEX
CARD:
EXPIRY:
AUTH:

FARE (\$) 41.70
EXTRA (\$) 0.00
TIP \$6.26
TOTAL \$47.96

APPROVED THANK YOU

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ ASSOCIATEDCAB.CA

CUSTOMER'S COPY

DATE: 2015/06/11
PICK-UP TIME: 16:05
DROP-OFF TIME: 16:39
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0324
CARD TYPE: AMEX
CARD:
EXPIRY:
AUTH:

FARE (\$) 48.80
EXTRA (\$) 0.00
SUBTTL (\$) 48.80

TIP (\$) 6.00

TOTAL (\$) 54.80

SIGNATURE

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ ASSOCIATEDCAB.CA

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (463) 299-1111
INSIST ON THE PROFESSIONALS

Hotel → Airport

(4)

Executive Expenses Report Direct Bill 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. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Dr. Paul Grundy	Reporting Period for the Month of : Aug-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Aug-15	Direct Billing	Airline Ticket	Dr.Grundy is flying to Regina and Saskatoon, Saskatchewan to attend a Saskatchewan Pediatric Oncology Review from Sep 9 - 11, 2015.	Marlin Travel	494.50
17-Aug-15	Direct Billing	Airline Ticket	Dr. Grundy is flying to Calgary to attend a series of meetings Sep 14 - 18, 2015. this is a one way ticket as he will be driving back to Edmonton	Marlin Travel	181.48
20-Aug-15	Direct Billing	Airline Ticket	Dr. Grundy is flying to Calgary to meet with Dr. Sunil Verma, candidate for the Department Head, Department of Oncology and to meet with Dr. Belanger and Dr. Meddings, Sep 25 - 27, 2015. This ticket was purchased with a credit from Marlin Travel for a canceled airline ticket.	Marlin Travel	100.00

20-Aug-15	Direct Billing	Airline Ticket	Dr. Grundy is flying to Calgary Aug 31/15 and returning to Edmonton the same day to attend the ACCT Governance and the Clinic Steering Committee Meetings in-person	Marlin Travel	344.48
31-Aug-15	Direct Billing	Airline Ticket	Dr. Grundy is flying to Calgary Sep 3/15 and returning to Edmonton the same day to attend the CCMDC, CCELC meetings and the Unveiling of the TBCC New Lobby in-person	Marlin Travel	342.96
31-Aug-15	Direct Billing	Airline Ticket	Dr. Grundy is flying to Calgary Sep 23/15 and returning to Edmonton the same day to attend the ACF Research Advisory committee meeting and the Unveiling of the TBCC New Lobby in-person	Marlin Travel	362.96
Total Paid in the Month					\$ 1,826.38

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: August 10, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Wednesday, September 9, 2015

 Air

WESTJET AIRLINES
Flight: 3268 D CLASS
From: EDMONTON INTL AB 02:20 PM Equipment: DH4
To: REGINA 03:48 PM Mile(s) Flown: 432
Stops: 0 Arrival: 09Sep15
WESTJET ENCO
WESTJET CONFIRMATION [REDACTED]

Thursday, September 10, 2015

 Air

OTHER TRAVEL
Flight: 001 ECONOMY CLASS
From: REGINA 05:00 PM
To: SASKATOON 05:45 PM Mile(s) Flown: 149
Stops: 0 Arrival: 10Sep15
EXPRESS AIR CONFIRMATION [REDACTED]

Friday, September 11, 2015

 Air

WESTJET AIRLINES
Flight: 3277 D CLASS
From: SASKATOON 09:00 PM Equipment: DH4
To: EDMONTON INTL AB 10:12 PM Mile(s) Flown: 300
Stops: 0 Arrival: 11Sep15
WESTJET ENCO
WESTJET CONFIRMATION [REDACTED]

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

Invoice Number: [REDACTED]
Date: August 10, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, September 11, 2015

Cost:			
TKT-[REDACTED] E-TKT	[REDACTED]		191.00
		Tax:	94.96
		Ticket Total:	285.96
AIR-OTHER [REDACTED]	[REDACTED]		208.54
Total:			
		Grand Total:	494.50
		Less Credit Card Payments:	494.50
		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
CA T5J 3E4

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

INVOICE

For [REDACTED]
DR PAUL GRUNDY
AC [REDACTED]

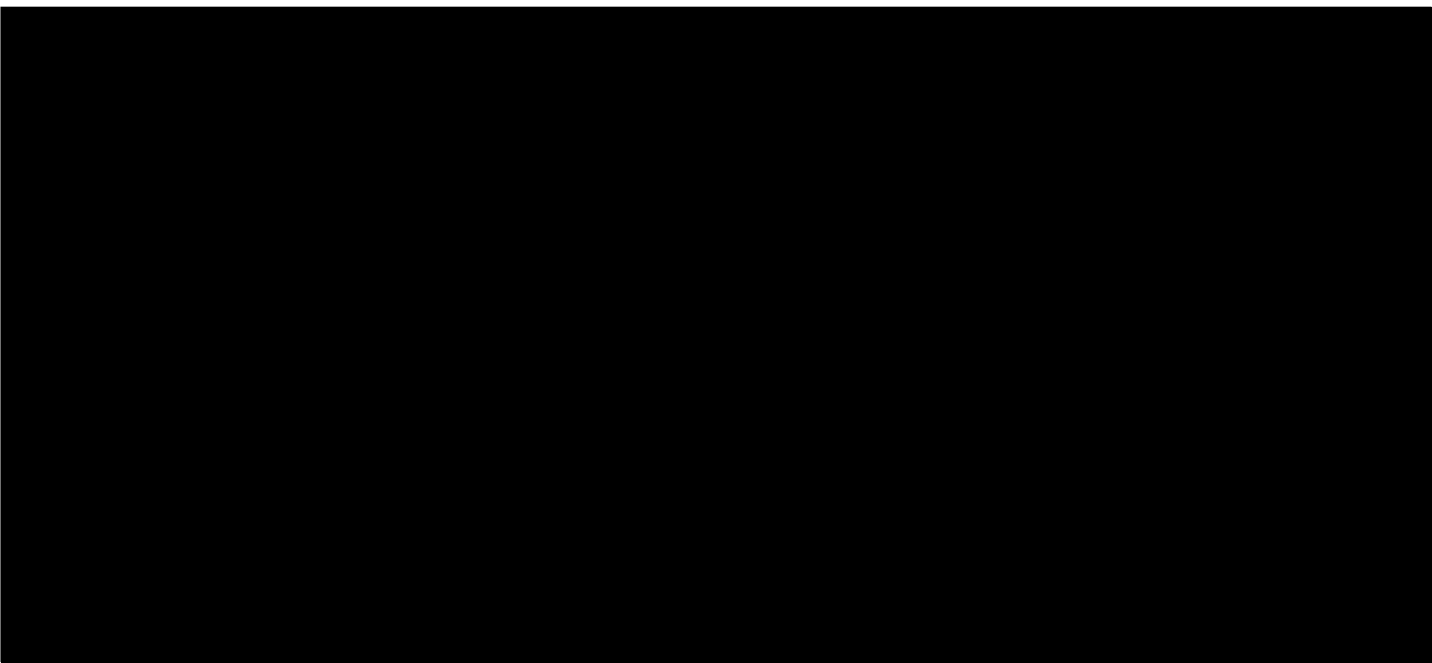
Monday, September 14, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 14Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
SEAT 2C

Flight: 8133 G CLASS
07:00 AM Equipment: CRJ JET
07:49 AM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]
Date: August 17, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:			
AIR CANADA WEB [REDACTED]	[REDACTED]		144.00
		Tax:	37.48
		Ticket Total:	181.48
Total:			
		Grand Total:	181.48
		Less Credit Card Payments:	181.48
		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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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
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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: August 20, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Tuesday, August 25, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 25Aug15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]

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

Mile(s) Flown: 163

Thursday, August 27, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 27Aug15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED] I

Flight: 8134 W CLASS
08:30 AM Equipment: CRA
09:15 AM

Mile(s) Flown: 163

Cost:

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

100.00

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

Invoice Number: [REDACTED]
Date: August 20, 2015
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
CA T5J 3E4

Invoice Number: [REDACTED]
Date: August 20, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For DR PAUL GRUNDY
AC [REDACTED]

Monday, August 31, 2015

Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8143 G CLASS
To: CALGARY AB 12:00 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 31Aug15 12:54 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA TICKET NUMBER [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
SEAT 2C

Air

AIR CANADA
From: CALGARY AB Flight: 8164 G CLASS
To: EDMONTON INTL AB 07:30 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 31Aug15 08:22 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA TICKET NUMBER [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
SEAT 2C

Cost: AIR CANADA WEB [REDACTED] [REDACTED] 269.52
Tax: 74.96
Ticket Total: 344.48

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

Invoice Number: [REDACTED]
Date: August 20, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	344.48
Less Credit Card Payments:	344.48
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
CA T5J 3E4

Invoice Number: [REDACTED]
Date: August 31, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Wednesday, September 23, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 23Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8133 G CLASS
07:00 AM **Equipment:** CRJ JET
07:49 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 23Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

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

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	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: August 31, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	342.96
Less Credit Card Payments:	342.96
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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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: August 31, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Thursday, September 3, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 03Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5C

Flight: 8133 W CLASS
07:00 AM **Equipment:** CRJ JET
07:50 AM

Mile(s) Flown: 163

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 03Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

Flight: 8225 W CLASS
06:00 PM **Equipment:** CRJ JET
06:49 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	288.00
	Tax:	74.96
	Ticket Total:	362.96

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

Invoice Number: [REDACTED]
Date: August 31, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
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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