

Official Administrator and Executive Expense Report

NameDr. Paul GrundyTitleSMD & Chief Program Officer, Cancer Control AlbertaLocationEdmonton

Expenses submitted during the month of September 2015

| | | | Travel (1) | | | | | |
|---------------------------------------|---------|--------|---------------|-----------------|-----------------|------------------------------------|--|--------------|
| Source Month-Year Document Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Sep-15 Expense Claim Meetings | | 101 | 400 | 601 | 1,102 | | | |
| Total | \$ - | \$ 101 | \$ 400 | \$ 601 | \$ 1,102 | \$ - | \$ - | \$ - |

Total for

the Month \$ 1,102

| 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 DETAIL | S (for AHS Staff ONL | _Y) | | | | A REAL PROPERTY. | Server |
|---|---|---|--|----------------------------------|---|---|---------------------------|
| Enter employee # (old) and Employee Indicate N/A in the Employee # (E-Pe If you are a new employee and your | eople) if your payroll has no | t migrated to the New E | -People payroll system | Т | xpense Date From ravel Period from Out-of-Province Tr | | SEPT 3/15 (rapplicable |
| Name: PAUL GRUNDY | | | Position (Title): | CPO + SM | A CAN | CER. | |
| Location | Dept: CANC | ER. DOFA Level: | f applicable) | Union: | Busine | ss Phone #: | Ext: / |
| Employee # (E-People): | | - | | | | | |
| ECTION E: FINANCE CODING & | TOTAL CLAIM | | | | | | |
| CAPITAL PROJECT CODING ONLY | Project Numb → Expenditure Or | | | | Task Number xpenditure Type _ | | |
| Total - Section B: Trav | el - Pg 2 | Total - Se | ction C&D: Other & Fore | ign Expenses - | Pg 3 | | IDSEMENT |
| Pg Bal Location Functiona | I Total | Bal Location | Eurotianal Cantra (EC) | Secondary/ | Total | TOTAL REIMBU | JRSEMENT |
| Unit Centre (FC | Expense | Unit | Functional Centre (FC) | Expense | Expense | Total Section B | 99704 |
| 101 0002 71110100 | 00 7250 | 727.75 | | | | Total Section C&D | |
| 101 0002 711101000 | 0 22229 | 224.24 | | | | Less Cash Advance | - |
| C 101 0002 711101000 | 0014995 | | | | | | 09 |
| 2D 1 | L 1101.74 | | | | | TOTAL CLAIM | 997 |
| R | 199709 | **Use | er to enter Coding & \$ Amoun | ts | | | 1097.09 · |
| NOTE: This section auto fills from particular | ge 2A, 2B, 2C & 2D | NOTE: T | hese fields do not automatical | ly fill for Section C | & D | | 1101.74 4 |
| ECTION F: AUTHORIZATION | | | | | | | |
| attest that I have read and understand the "Travel, Hospitality & Work attest the expenses enclosed in this claim are for valid business purp | | | | | this policy. | | |
| attest that expenses submitted in this claim have been incurred by us | ing a cost effective method, Therwise rationa | ale and support analysis provided a | above. <u>Travel, Hospita</u> | ality and Working Session Ex | penses Policy - Documen | t# 1122 | |
| I, by signing this form, attest that I am compliant to all the above sta Employee Signature: | tements (and) | ACT. | | Date Ser | 8/15. | | |
| ttest that I have read and understand all applicable policies of Albert | a Health Services that pertain to these expen | ises, and confirm expenses being claime | ed are in compliance with such policies. | Date Office | - troi | | |
| ttlest the expenses enclosed in this claim are for valid business purp ttlest that expenses submitted in this claim have been incurred by us | | | | h Services or any other Organiza | | claim form with receipts should be sent i r directly to Accounts Payable for process | |
| Approved By (PRINT ONLY): | | | DOFA Level | Position # | | Phone # | Ext |
| I, by signing this form, attest that I am compliant to all the above sta Signature: | tements | | Title | | ~ | Date | |
| attest that I have read and understand all applicable policies of Albert | | | | T | = DD | 1. / 1 | |
| attest the expenses enclosed in this claim are for valid business purp attest that expenses submitted in this claim have been incurred by us | | | | -/*** | ois Belanger M | loy Uct | 13,2015 |
| pproved By (<u>PRINT ONLY</u>): | | | DOFA Level | Positio | vis delander. M | U FMC:PC: Date | |
| I, by signing this form, attest that I am compliant to all the above sta | tements | | Title | | | | |

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 T5J 3E4

| | * | | | EAT | PENSE CLA | AIM DETAI | LS | | | | | | | |
|----------------------------------|---|------------------------------|-----------------------|--------------------------|--------------------------------|---------------|--------------|-----------------|----------------|------------------------------------|---------------|--------------------------------|-------------|------------------|
| | Inter Finance Coding | 71110 | 10000X | > | Emp # (E- | | | | | | | | P | age 2A |
| If expense \$ amount | s incurred are for multiple FC's please use pages 2 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se | B,2C,2D (a condary/E | after pg3) a | s there sh les are no | ould be one i t required in | FC per page | OR | if more lines | are require | d for the same | e FC use the | ese addition | al pages. E | Enter total |
| SECTION | B: TRAVEL EXPENSES NOTE: If expension | ses do not fa | Il into these c | ategories suc | ch as Hospitality | , Working Ses | sion. Re | location Contin | ting Education | ne system. | | | | |
| Select from dro Ensure separa | opdown (column Prov) where expenses were incurred (Out of N.Ar te lines are used for claim items that differ in Province, US and Out | marica - Into | -91 | | | | | | | | | | | |
| | | 1 | 1 | | | Comp | etion (| of the "Cost I | Effective Me | thod Used" (in this colum | Column is R | EQUIRED. | | |
| | Business Reason for Travel - Detailed Description | Prov, US, or | | | F | urther Exp | anati | on is REQUIF | RED in the "F | Rationale is R | equired" sec | ction on this | page | |
| Date dd-mmm-yy | Required (include destination, who attended-(If meal), | Out of N.Amer | What is travel | Cost Effective | Meal | (Allowance | OR R | eceipt) | | eing claimed in t stated in App | | Rental Car | , | |
| uu | why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification | where expenses | related to? | Method Used? | F | lowance | | with Receipt | | onale is requi | | Bus/LRT/ Parking / | Per Diem | Mileage |
| | | incurred? | | Yes/No | Meal Type with value | Allowance | Meal Type | with receipt | Airfare | Hotel | Taxi | Fuel | Allowance | (km) |
| 06-08- | 15 clofe/AHS Search & | AB | Buireb | les | | | | | | | | | | 550. |
| | Selection Committee for | | | 1 | | | | | | | | | | 000 |
| | Dept Head Oncology. | | | | | | | | | | | | | |
| ~ | Travel Edmonton > Calgary. | | | | | | | | | ก | | | | |
| 15-8-)5 | Meeting will prospective | AB | 17 | | | | | | e | \$400 | 1 | | | |
| 25-8-15 | Dept Head Oncology Dn belange | AB | (1 | yes. | 0. 120. | 15 1 | | | | | | | | |
| 26-8-15 | at South port. | AB | 15 | y es | ß - 9.3 | × 0 | | ລ | | | | | | |
| 26-8-15 | - Lund - In Voima + myself. | AB | υ | yes. | K | | L | 200 | / | | | | | |
| | SUBTOTALS | | | | 29.95 | | | 2005 | | 400 | | | | Total Kms 550 |
| | MILEAGE - Business Kilomet | e included | above under | the numos | e of travel colu | Imn | | | Enter \$ | 0.505 km, \$0.4 | | e per Union fileage details | | and a |
| | Rates applicable \$0.505 per km for <u>under 5,000km/y</u> | r or \$0.47 p | er km for <u>ov</u> e | er 5,000km | /yr or per Unio | n Agreement | | | | | | | Mileage \$ | 277 75 |
| Not | e: Total will auto fill into pg 1, Section E, if form comp | leted elec | ronically - (| Additional | ng l'a can h | found offe | . D. | | | | | Travel | \$ Subtotal | +48 05 4 |
| | , y , , // cenii oomp | | inormoany - r | hunditional | pg < s can be | e iouno ante | Page | 3 | | Auto | fills on page | 1 - TOTAL | TRAVEL S | 175 80 |
| Rationale Any analy | is Required for expenses that are not Cost Eff sis supporting the method to assess cost eff | f <u>ective</u> ectivene: | ss should | be attacl | hed to the c | claîm form |) | | | | | | -72 | 1.75 |
| | | | | | | | 509/J | | | | | | 10 | |
| | | | | | | | | | | | | | | -19 |
| | | | | | | | | | | | | | - | |

EXPENSE CLAIM DETAILS

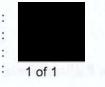
| | • | | | EXP | PENSE CLA | IM DETAI | LS | | | | | | | |
|-----------------|---|-----------------------|--------------------|---------------------|-------------------------|---------------|--------------|------------------|--------------------------------|---|--|--------------------------------|-------------|-------------|
| | nter Finance Coding 101 0002 | 71110 | 100000 |) | Emp # (E- | | | | | | | | F | Page 2C |
| If expenses | s incurred are for multiple FC's please use pages 21 n slip, DO NOT separate any taxes (eq. GST). Se | 3,2C,2D (| after pg3) a | s there sho | ould be one l | FC per page | OR | if more lines | are required | for the same | e FC use the | ese addition | al pages. | Enter total |
| | | oundary/L | Aponac coc | ios are noi | required in | uns section | as me | ey are pre-dei | termined by t | he system. | | | | |
| Select from dro | pdown (column Prov) where expenses were incurred (Out of N Ar | nerica = Inte | r71 | legones suc | an as mospitality | , working Ses | sion, Re | location, Contin | uing Education, | Business Insura | nce go to SECT | FION C | | |
| Ensure separal | e lines are used for claim items that differ in Province, US and Out | of North Am | erica. | | | Comp | etion (| | Effective Me | | | EQUIRED. | | |
| | Business Reason for Travel - Detailed Description | Prov, US, or | | | F | urther Exp | lanati | If you | u select "No" RED in the "R | in this colum ationale is R | n, equired" sec | tion on this | 0208 | |
| Date | Required | Out of | What is | Cost | | (Allowance | | | If amount be | eing claimed i | s above the | 1 | T | |
| dd-mmm-yy | (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) | N.Amer where | travel related to? | Effective Method | Meal Al | lowance | Mea | with Receipt | | t stated in App ional is requir | | Rental Carl Bus/LRT/ | Per Diem | Mileage |
| | A description of just "Meeting" will be returned for clarification | expenses incurred? | | Used? Yes/No | Meal Type with value | Allowance | Maai Type | with receipt | Airfare | Hotel | Taxi | Parking / Fuel | Allowance | |
| 31-8-15 | Executive Meeting / Clinic Businers Rules Meeting | NB | Burg | Yes | 00 D- 30 | 2075 | | | | | | | | |
| | Businers Rules Meeting | | | • | | | | | | | | | | |
| | TBCC. | | | | | | | | | | | | | |
| 31-8-15 | TBCC | PB | 12 | Yes | | | | | | (| 5410 | | | |
| 31-8-15 | TBC(> Airport | MB | 4 | Yes | | | | | | (9 | 4990 | 5 | | |
| 31-8-15 | TBCC > Airport Airport Parking | AB | 57 | Yes | | | | | | | (| 25 | , | |
| | | | | / | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | SUBTOTALS | | Ll | | 2000 | 2075 | | | | | 10400 | 2500 | | Total Kms |
| | | | | | | | | | | the case of the local distance of the local | and the second | | | |
| | MILEAGE - Business Kilomel → details of travel location to & from must b Rates applicable \$0.505 per km for <u>under 5,000km/y</u> | be included | above under | the purpos | e of travel coli | Jmn | | | Enter \$ | 0.505 km, \$0.4 | | e per Union fileage details | | - |
| | | | | er 5,000km | | n Aqreemen | | | | | | | Mileage \$ | -75 |
| Not | e: Total will auto fiil into pg 1, Section E, if form comp | leted elec | tronically - | Additional | po 2's can b | e found afte | r Page | 3 | L | | | Travel | \$ Subtotal | 149 |
| | | | | | | | | | | Auto | fills on page | e 1 - TOTAL | TRAVEL \$ | 149 |
| Any analy | is Required for expenses that are not Cost Ef sis supporting the method to assess cost eff | fective fectivene | es should | ha attac | had to the | claim form | .) | | | | | | | |
| | | | | NG ALLAU | | | <u>u</u> | | | | | | | m |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | - 2C of 3 - | | | | | | | | | |

| r et | * | | | EXE | PENSE CLA | IM DETAI | LS | | | | | | | |
|----------------------------|--|--------------------|--------------------|---------------------|-------------------------|--------------|--------------|--|--------------------------------|---|------------------------|---------------|-----------|-----|
| | Enter Finance Coding | 71110 | 1000000 | > | Emp # (E-I | People) | | | | | | C | age 2B | ٦ |
| If expense \$ amount of | s incurred are for multiple FC's please use pages 2 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se | B,2C,2D (| after pg3) a | s there sh | ould be one l | -C per page | OR | f more lines | s are require | d for the same FC use | these additio | nal naces | Fage ZB | |
| | | | | | eroquirou in i | 1110 0000001 | as une | y are pre-ue | terrinned by t | ne system. | | | | |
| Select from dro | opdown (column Prov) where expenses were incurred (Out of NA) | | | alegories sur | ch as Hospitality | Working Ses | sion, Re | location, Contin | uing Education, | Business Insurance go to SE | CTION C | | |] |
| Ensure separa | te lines are used for claim items that differ in Province, US and Out | of North Am | erica. | | | Compl | etion o | of the "Cost | Effective Me | thod Used" Column is | REQUIRED. | | | |
| | Business Reason for Travel - Detailed Description | Prov, US, | 5 | | F | urther Exp | lanatio | If you If souther the second | u select "No" RED in the "F | ' in this column, Rationale is Required" s | action on this | | | |
| Date | Required | or Out of | What is | Cost | Meal (| Allowance | ORR | eceipt) | If amount b | eing claimed is above th | e | T | | - |
| dd-mmm-yy | (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) | N.Amer where | travel related to? | Effective Method | Meal All | owance | Meal | with Receipt | | t stated in Appendix "A' onale is required | Rental Car Bus/LRT/ | 1 | Mileage | |
| | A description of just "Meeting" will be returned for clarification | expenses incurred? | | Used? Yes/No | Meal Type with value | Allowance | Meal Type | with receipt | Airfare | Hotel | Parking / Fuel | | | |
| 25-8-15 | Taxi Airport > Hotel | AB | Busines | yes | | | | | | 481 | 5 | | | 1- |
| 26-8-15 | Hotel > Southport | AB | ij | Yes | | | | | | 0257 | 0 | | | 1- |
| 26-8-15 | Southpart > Hotel | MB | b | yes | | | | | | 3283 | 9 | | | - |
| 368-15 | | | | Jes | D-20 | 20.75 | | | | | | | | - |
| 27-8-15 | | | | ilas | B- 800 | 9.70 | | | | | | | | 1 |
| 27-8-15 | Hotel > Auport | AB | l1 | yes | <u> </u> | | | | | 0422 | 0 | | | - |
| 27-8-15 | Airport Parking | AB | 1 | Ves | | | | | | (| 5000 | | | - |
| | • | ; | | a | | | | | | | 100 | | | 1 |
| | SUBTOTALS | <u> </u> | | | 2800- | 19.95 | | | | \$ 1443 | 5000 | | Total Kms | |
| | MILEAGE - Business Kilomet | re Rate for | Personally- | Owned Ve | hicle | <u> </u> | | 1 | Enter \$ | 0.505 km, \$0.47 km <u>OR</u> (| | Agreement | | - |
| | → details of travel location to & from must b Rates applicable \$0.505 per km for <u>under 5.000km/y</u> | e included | above under | the nurnos | of travel colu | mn | | | | | Mileage detail | | | |
| L | | 01 40 .41 p | | er 5,000km/ | vr or per Unior | Agreement | |] | | | | Mileage \$ | - | |
| Not | e: Total will auto fill into pg 1, Section E, if form comp | leted elect | tronically - A | Additional | oo 2's can he | found after | Page | 3 | | * | Trave | I \$ Subtotal | 12329 | 225 |
| | | | | | -9 - 0 0011 00 | | i i ayo | 5 | | Auto fills on pa | ge 1 - TOTAL | TRAVEL \$ | 192 29 | 24 |
| Rationale | is Required for expenses that are not Cost Eff | ective | | | | | | | | | | | 622.0 | 4 |
| (surf undary | sis supporting the method to assess cost effo | ectivenes | ss should | be attacl | hed to the c | laim form |) | | | | | 2 | 24.24 | |
| | | | | | | | | | | | | 0 | | ml |
| | | | | | | | | | | | | | T | |
| | | | | | | | | | | | | | | |

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rmont PALLISER

133 9th Avenue SW, Calgary, AB, Canada T2P 2M3 T (403) 262-1234 F (403) 260-1260 G.S.T. Registration # 846543619 Room Folio # Cashier # Page #



| Dr Paul Grund | V |
|----------------------|---|
|----------------------|---|

Date

| Description | Additional Information | | Charges | |
|-------------|------------------------|---------|------------|--|
| | Fairmont | Proside | ant's Club | |
| | Departur | : • | 08-27-15 | |
| | Arrival | : | 08-25-15 | |
| | | | | |

| 08-25-15 | Room Charge | 199.00 | 1.2 |
|----------|---------------------------------|--------|-----|
| 08-25-15 | Calgary Destination Marketing F | 5.97 | |
| 08-25-15 | Alberta Tourism Levy (4%) | 8.20 | |
| 08-25-15 | Room GST | 10.25 | |
| 08-26-15 | Room Charge | 199.00 | |
| 08-26-15 | Calgary Destination Marketing F | 5.97 | |
| 08-26-15 | Alberta Tourism Levy (4%) | 8.20 | |
| 08-26-15 | Room GST | 10.25 | |
| 08-26-15 | American Express | 446.8 | 84 |

| | Total | 446.84 446.84 |
|-------|--------------------------------|--------------------------------------|
| | Balance Due | 0.00 |
| | | |
| 20.50 | | |
| | | an im Di |
| 0.00 | | 100,100/1 |
| | | 0 4H9// |
| | 20.50 0.00 0.00 20.50 | Balance Due 20.50 0.00 0.00 |

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com. We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesnoriginal.com (anglais seulement).

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414 Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414 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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mall, Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'al accepté la livraison du journal The Giobe and Mail. Si J'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,005 par jour (du Lundi au Vendredni) et de 2,005 le Samedi. (Dans les hôtels participants.)

Credits

Thank you for choosing to stay with Fairmont Hotels & Resorts Merci d'avoir choisi les Hôtels Fairmont

Lunch P. GRUNDY + SUNIL VERNA OLLY FRESCO'S INC 10301 SOUTHPORT LANE PHONE: 403 259 - 3002 FAX: 403 259 - 4002 DATE 08/26/2015 WED TIME 11:39 \$6.43 DELI T1 \$6.43 \$1.89 DRINK T1 \$1.89 MISC TAXABLE T1 \$7.14 \$3.63 DRINKS T1 \$3.63 SUBTOTAL \$19.09 GST \$0.95 TOTAL \$20.05 Deb/Crd CARD \$20.05 THANKYOU!

No.

outh Hold ASSOCIATED CAB 404-35 AVENUE N E T2E2K7 CALGARY AB 932650000710 1111 PURCHASE ++++ 08-26-2015 17:14:04 Acct C Exp Card Type AM Name: DR PAUL GRUNDY A00000025010801 AMERICAN EXPRESS Trace Inv. # Auth # RRN 001001112 Purchase \$24.60 Tip \$3.69 Total \$28.29 00 APPROVED-THANK YOU Retain this copy for your records Customer copy

3

Aupot > Hole

ASSOCIATED CAB ALIA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

| DATE: | 2015/08/25 |
|----------------|--------------------|
| PICK-UP TIME: | 20:37 |
| DROP-OFF TIME: | 20:56 |
| TRIP ID: | 8 |
| LOCATION: | 073000-45024103707 |
| CAR NUMBER: | 8668 |
| DRIVER: | 192336 |
| CARD TYPE: | AMEX |
| CARD: | |
| EXPIRY: | |
| AUTH: | |
| | |

FARE (\$): 42.18 EXTRA (\$): 0.00 SUBTTL (\$): 42.10

00 6 TIP (\$):_

4810 TOTAL (\$): SIGNAT

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

| 307 - 41 AVE NE (403) INSIST ON THE PROFES | SIONALS |
|---|----------------------|
| DATE: | 2015/08/26 |
| PICK-UP TIME: DROP-OFF TIME: | 06°58 07÷15 |
| TEIP ID: | E |
| LOCATION: 073000 | -45824183787 0063 |
| CAR NUMBER: DRIVER: 711514 | -45024103707 |
| CARD TYPE: | AME |
| CARD | |
| EXPIRY AUTH: | |
| | |
| FARE (\$): EXTRA (\$) | 22. 4 0. 0 |
| SUBTTL (\$): | 22. 4 |
| | |
| 11111 | 30 |
| TIP (\$): | 3 |
| 111 (\$7. | |
| | 70 |
| 2 | 5 |
| TOTAL (\$): | |
| | |
| | |
| 0. | 0 |
| SIGNATURE COL | NPK |
| Kall | 1XC |
| SIGNATURE | |

CUSTOMER'S COPY

| | $\overline{\mathbf{C}}$ | (8) |
|---|--|---|
| Hotel > Airpot | | |
| ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS | GST# R128599776 Edmonton Airports Can-T5J 2T2 Edmonton | Accept > TBCC ASSOCIATED CAB ALTA LTD 387 - 41 AVE NE (483) 299-1111 |
| DATE: 2015/08/27 PICK-UP_TIME: 07:21 | Tax CodeCA5% POF 2nd Fl 27/08/15 09: Receipt 071825 | INSIST ON THE PROFESSIONALS |
| DROP-OFF TIME: 07:38 TRIP ID: 0 LOCATION: 073000-45024103707 CAR NUMBER: 0063 DRIVER: 711514-45024103707 CARD TYPE: AMEX | Short-term parking tkt HL - 25/08/15 19:06 27/08/15 19:05 Period 2d0h0' (Tax) \$50.0 | DATE: 2015/08/31 PICK-UP TIME: 14:37 DR0P-OFF TIME: 15:07 TRIP ID: 0 LOCATION: 073000-45024103707 CAD NUMPED: 0834 |
| CARD EXPIRY: AUTH: | Total \$50.0 Payment Received AMEY \$50.0 Merch 1000 1000 | CARD TYPE: |
| FARE (\$): 36.80 EXTRA (\$): 0.00 SUBTTL (\$): 36.80 | Auth: Type: Swiped | 52 FARE (\$): 47.18 88 EXTRA (\$): 0.00 |
| TIP (\$): \$5 40 | (q) | SUBTTL (\$): 47 18 |
| TOTAL (\$): 4220 | TBCC > Acyport ASSOCIATED CAB ALIA 307 - 41 AVE NE (403) 299-1111 | TIP (\$): |
| Paulink | INSIST ON THE PROFESSIONALS DATE: 2015/08/31 PICK-UP TIME: 17:18 DROP-OFF TIME: 17:50 | SIGNATURE autor |
| FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA | TRIP ID: 0 LOCATION: 073000-45024103707 CAR NUMBER: 0324 CARD TYPE: AMEX CARD: EXPIRY: | FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA |
| CUSTOMER'S COPY | FARE (\$): 43.40 | CUSTOMER'S COPY |
| | EXTRA (\$): 0.00 SUBTTL (\$): 43.40 | GST# R128599776 Edmonton Airports |
| | TIP (\$):6 | Can-T5J 2T2 Edmonton Tax CodeCA5% POF 2nd Fl 31/08/15 20:31 Receipt |
| | TOTAL (\$): 4990 | Short-term packing tkt HL - No. 31/08/15 01/09/15 11:22 Period 1d0h0' |
| | SIGNATOR SIGNAT | (Tax) \$25.00 Total \$25.00 |
| | FOR ONLINE TAXI BOOKINGS VISIT | Payment Received AMEX \$25.00 |
| | OUR WEBSITE@WWW ASSOCIATEDCAB CA | Sub Total \$23.81 Tax 5% \$1.19 |
| | CUSTOMER'S COPY | ØIE |