

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

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	P-Card	Meetings			163	182	345			
May-15	Expense Claim	Meetings				311	311			
May-15	Direct Billing	Meetings	647				647			
Total			\$ 647	\$ -	\$ 163	\$ 493	\$ 1,303	\$ -	\$ -	\$ -

Total for the Month \$ 1,303

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 145
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

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

RAE, PENELOPE Cardholder's Name	CHIEF INFORMATION OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/05/2015
INFORMATION TECHNOLOGY Cardholder's Dept	QUARRY PARK Cardholder's Site/Location	Total Statement Amount:	\$344.99
PENNY.RAE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/05/2015	389542868	YELLOW CAB, LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88		Taxi on May 6 from EIA to SPARC mtg
07/05/2015	389542867	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.79	CAD	162.79	7.75		Edmonton Hotel the night of May 6th
07/05/2015	389542869	CAPITAL TAXI LTD, LIMOUSINES AND TAXICABS	65.00	CAD	65.00	.00	.00	Taxi on May 7 fr SPARC mtg to EIA
07/05/2015	389716944	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70	.00	Parking at CIA May 6-7

1
2
3
4

Signatures		
Cardholder Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHC Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Donna A. Reed</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Donna A. Reed</u> Signature of Cardholder Designate	<u>May 25, 2015</u> Date of Signature	
Cardholder By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Rae Penelope</u> Name of Cardholder	<u>Chief Information Officer</u> Cardholder Position Title	
<u>Rae Penelope</u> Signature of Cardholder	<u>May 25, 2015</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position Title	
<u>Susan Best</u> Signature of Approver Designate	<u>May 25/15</u> Date of Signature	
Approver By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Services & CFO</u> Approver Position Title	
<u>Deborah Rhodes</u> Signature of Approver	<u>May 25/15</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required. Signed Cardholder Statement Report for copies of electronic signatures if signatures are not on report. And where applicable: Copies of pre-approvals for travel. Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 19th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3P4	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

Taxi on May 6th from the Edm. International Airport to the Bell Tower to attend SPARC Secondary Use Project Discussion

YELLOW CAB
 10125 51 AVENUE NW
 EDMONTON AB T6A-1H2
 780-463-4456

Term: 2014501412476152 (1)
 (Low 6.037%)
 MasterCard
 PERSONSE
 OF
 CAR

APPROVED
 AMOUNT CAD\$55.00
 TIP CAD\$5.50
 TOTAL CAD\$60.50 ✓
 \$60.50

Key: [REDACTED]
 Rate: [REDACTED]
 Pass: [REDACTED]
 TOR: 480000000
 ISD: E000

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

DATE: 20 [REDACTED] 10:10
 RESERVATION [REDACTED]
 CUSTOMER COPY

RECEIPT
 GST NO. R122556194

EXIT No. 25
 IN: 05/06/15 04:56
 OUT: 05/07/15 10:30
 DURATION: 1 20: 22
 PAID: \$ 56.70 ✓
 COST INCLUDED: \$56.70

THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade

Parking at the Calgary International Airport while attending multiple meetings in Edmonton on May 6th and May 7th.

CAPITAL TAXI LTD
 4742 54 AVE NW UNIT
 EDMONTON AB T6E 0A9
 TEL: 780-468-6674 CAR#247

[REDACTED] (3)
 MISC PURCHASE CREDIT
 App. Label: MasterCard
 STO: 0000000041010
 TAG: 000000000
 ISD: [REDACTED]
 CARD

APPROVED 000
 THANK YOU
 AMOUNT \$59.00
 TIP \$6.00
 TOTAL \$65.00 ✓
 \$65.00

No signature required

Key: [REDACTED]
 Rate: [REDACTED]
 Pass: [REDACTED]
 TOR: 2950507160217
 ISD: 1015/04/07 T: 1015/05/05

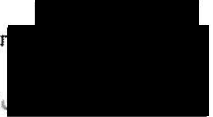
CUSTOMER COPY

Taxi on May 7th from Bell Tower to Edmonton International Airport after attending all day SPARC Infrastructure and Application Workshop

Mrs. Penelope Rae



Room Number



Arrival Date:

Departure Date:

Page No:

1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

05-07-15

Date	Description	Charges	Credits
05-06-15	Room Revenue	145.00	
05-06-15	Destination Marketing Fee - 3%	4.35	
05-06-15	Tourism Levy - 4%	5.97	
05-06-15	Room GST - 5%	7.47	
05-07-15	Mastercard		162.79

Total

162.79

162.79

Balance

0.00

Edmonton hotel the night of May 6th after attending the following meetings: (1) SPARC Secondary Use Project Discussion (2) CIS Next Steps (3) Print Deployment Project Steering Committee (4) Performance Appraisals x 2

And before attending the all day SPARC Infrastructure and Application Workshop on May 7th

Signature:

I agree that my liability for all charges 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 part of the full amount of these charges. (S.S.I. 886344302 R1 680)



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: 23-Apr-15 To 22-May-15
 Travel Period from: 23-Apr-15 To 21-May-15
 Out-of-Province Travel No

Name: Penny Rae Position (Title): Chief Information Officer
 Location: Dept: DOFA Level: Union: Business Phone #:

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY -> Project Number Expenditure Organization Expenditure Type Project Task Number

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bat Unit	Location	Functional Centre (FC)	Total Expense	Bat Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	7112500069	\$311.25						\$311.25		
2B												
2C												
2D												
				\$311.25								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 NOTE: These fields do not automatically fill for Section C & D

TOTAL CLAIM \$311.25

SECTION F: AUTHORIZATION

I certify that I have read and understand the "Travel, Hospitality & Working Session Expense Claim" form and I agree to comply with the conditions and terms of this policy.
 I declare that the expenses reported in this form are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by me or another employee of Alberta Health Services or any other Organization.
 I declare that the expenses reported in this form have been incurred by using a valid Alberta Health Services credit card or supporting document as outlined above.

Employee Signature: *Penny Rae* Date: 25-May-15

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: Position #: Phone #: Ext:

Signature: *Deborah Rhodes* Title: VP Corporate Services & CFO Date: May 25/15

Health and Personal Information on this form is collected by AHS under the authority of section 20(a) of the Health Information Act (HIA) and sections 33(c) and 34(1) of the Freedom of Information and Protection of Privacy Act, respectively, for the purpose of a processing AHS financial information.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 1000-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DE

Enter Finance Coding 101 0005 7112800069

Emp # (E-People)

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg 3) as there should be one FC per page OR if more lines are required for the same FC use those 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 (Not just America's side)
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 with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
23-Apr-15	Travel to Red Deer for All Day IT Leadership meeting at Red Deer Regional Hospital (hrs: 6.7 - per people)	AB - Provinc	Meeting	Yes								305.00		
6-May-15	LRT from Seventh Street Plaza to CA Taxes to attend First Employment Steering Committee & Performance Appraisal	AB - Provinc	Meeting	Yes						\$3.20				
21-May-15	Travel to Red Deer for All Day IT Leadership meeting at Red Deer Regional Hospital (hrs: 1 hour person)	AB - Provinc	Meeting	Yes								305.00		
SUBTOTALS												Total Kms 610.00		

✓ 305
✓ 305

✓
✓
✓

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 \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

\$0.505

Mileage \$ \$308.05

Travel \$ Subtotal \$3.20

Auto fills on page 1 - TOTAL TRAVEL \$ \$311.25

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)

When not carpooling, flying is a better option when considering productivity. I am able to work at the airport using either my Blackberry, iPad or laptop or just catching up on my reading (e-mails / documentation) prior to the flight, during the flight and in taxis to and from the airport.



Adult \$3.20

Expires
May 06/15 12:29



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: Penny Rae	Reporting Period for the Month of: April 21 to May 20, 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-22	Direct Billing	Transportation	Cgy/Edm to attend Grand & Toy meeting, Compliance Functions, Data Governance & Oversight Committee - FLIGHTS CANCELLED	Marlin Travel - Inv [REDACTED]	\$171.48
2015-04-22	Direct Billing	Transportation	Edm/Calgary after attending Grand & Toy meeting, Compliance Functions, Data Governance &	Marlin Travel - Inv [REDACTED]	\$171.48

			Oversight Committee - FLIGHTS CANCELLED		
2015-05-06	Choose One	Transportation	Cgy/Edm return to attend SPARC high level options, CIS Next Steps, Print Deployment and 2 performance appraisals	Marlin Travel - Inv [REDACTED]	\$304.48
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$647.44

Flight Calgary to Edm. on April 22nd to attend the following mtgs.: (1) Grand & Toy (2) Compliance Functions (3) Data Governance & Oversight Committee (FLIGHT CANCELLED ON APRIL 20TH)

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 17, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS PENNY URAE
AC [REDACTED]
WS [REDACTED]

Wednesday, April 22, 2015

<< Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 22Apr15
WESTJET ENCO

Flight: 3395 M CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT [REDACTED] 122.00
Tax: [REDACTED] 49.48
Ticket Total: 171.48

Total:

Grand Total: 171.48
Less Credit Card Payments: 171.48
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.....

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

Invoice Number:

Date:

Page:

Our Reference:

April 17, 2015

2/2

INVOICE

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.

Flight Edm. to Calgary on April 22nd after attending the following mtgs.: (1) Grand & Toy (2) Compliance Functions (3) Data Governance & Oversight Committee
(FLIGHT CANCELLED ON APRIL 20TH)

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 17, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS PENNY J RAE
AC [REDACTED]
WS [REDACTED]

Wednesday, April 22, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 22Apr15
AIR CANADA E

Flight: 8157 S CLASS
06:00 PM Equipment: DH4
06:50 PM

Mile(s) Flown: 163

Cost:	[REDACTED]	E-TKT	[REDACTED]	134.00
TKT	[REDACTED]		Tax:	37.48
Total:			Ticket Total:	171.48
			Grand Total:	171.48
			Less Credit Card Payments:	171.48
			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.....

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

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

INVOICE

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
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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.

Flight Calgary/Edm. return on May 6 & 7 to attend the following mtgs.: SPARC high level options (2) CIS Next Steps (3) Print Deployment (4) Two performance appraisals (4) SPARC Infrastructure & Application Workshop

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]
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS PENELOPE RAE
AC [REDACTED]
WS [REDACTED]

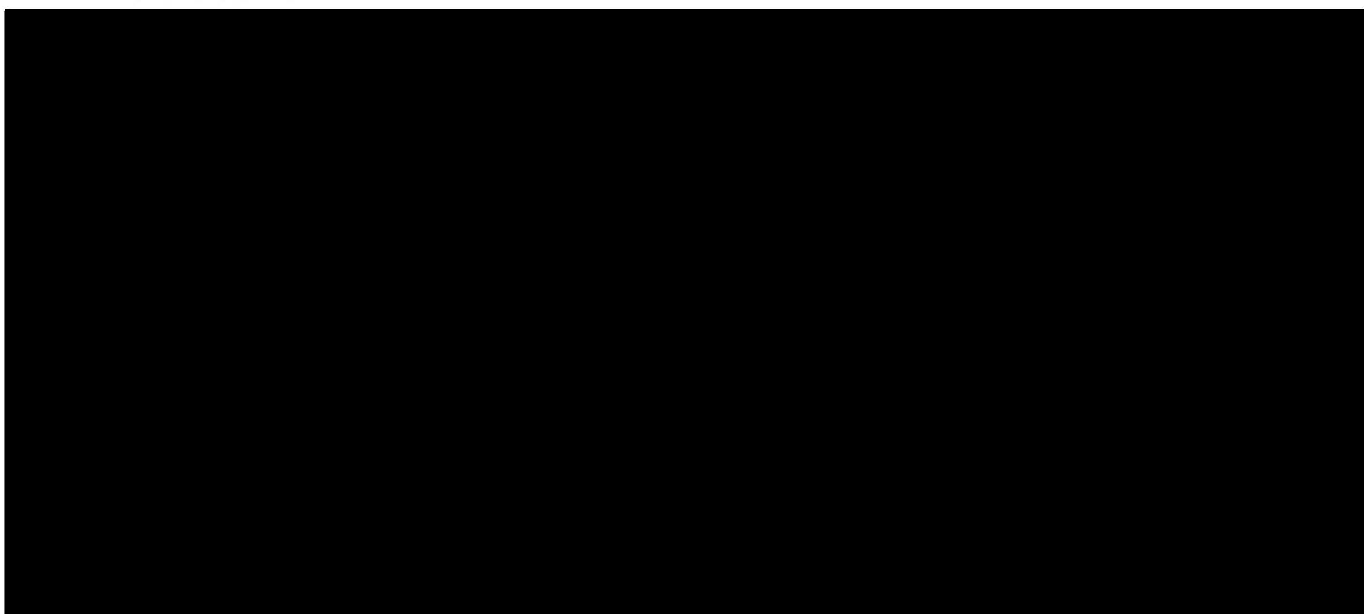
Wednesday, May 6, 2015

← Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 06May15
AIR CANADA E

Flight: 8130 S CLASS
06:00 AM Equipment: D8 (300 SERIES)
06:52 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: April 28, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, May 7, 2015

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 07May15
WESTJET ENCO

Flight: 3142 M CLASS
05:15 PM Equipment: DH4
06:14 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] TKT EXCHANGED	[REDACTED]	123.00
TKT [REDACTED] TKT	[REDACTED]	132.00
	Tax:	49.48
	Ticket Total:	181.48

Total:

Grand Total:	304.48
Less Credit Card Payments:	304.48
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.....
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TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
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