

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings			155	347	502			
Jun-15	Expense Claim	Meetings		83			83			
Jun-15	Direct Billing	Meetings	711				711			
Total			\$ 711	\$ 83	\$ 155	\$ 347	\$ 1,296	\$ -	\$ -	\$ -

Total for the Month \$ 1,296

Maximum daily single meal expense claimed in the month \$ 21
 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	CHIEF INFORMATION OFFICER	Billing Reporting Period: 20/06/2015
Cardholder's Name	Cardholder's Position/Title	
INFORMATION TECHNOLOGY	QUARRY PARK	Total Statement Amount: \$502.27
Cardholder's Dept	Cardholder's Site/Location	
PENNY.RAE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/05/2015	990957635	PRECISE PARKLINK INC. AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	8.50	.40		Parking at RDRH on May 21 for IT Leadership meeting
27/05/2015	991993732	AIRPORT TAXI SERVICE. LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88		Taxi on May 26 fr EIA to CN Tower
28/05/2015	991680352	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.88		Taxi on May 28 to Airport
28/05/2015	991889363	MATRIX HOTEL. LODGING HOTELS. MOTELS. RESORTS	155.32	CAD	155.32	7.40		Edmonton Hotel the night of May 27th
28/05/2015	991874395	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70		00 Parking at the CIA from May 27 to May 28
09/06/2015	992934496	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	63.60	CAD	63.60	3.03		Taxi to EIA on June 9th
09/06/2015	993301764	YELLOW CAB. LIMOUSINES AND TAXICABS	69.30	CAD	69.30	3.30		Taxi on June 9 from EIA
09/06/2015	993301765	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	28.38	CAD	28.38	1.38		00 Parking at the CIA on June 9

①
②
③
④
⑤
⑥
⑦
⑧

✓
PBR

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 AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Down A Rand</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Down A Rand</u> Signature of Cardholder Designate	<u>June 26, 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>Pene</u> Signature of Cardholder	<u>June 29, 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>June 30/15</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 Corporate Services & CFO</u> Approver Position/Title	
<u>Deborah Rhodes</u> Signature of Approver	<u>June 30/15</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 (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • 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 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

Parking at the Red Deer Regional Hospital
on May 21st while attending an all day IT
Leadership meeting

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

22/05/15 07:51 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

21/05/15 07:51 AM \$ 8.50

AMOUNT PAID

\$ 8.50 [REDACTED] 07:51 AM

CREDIT CARD NUMBER

[REDACTED]

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE

Alberta Health Services

RECEIPT

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Taxi to Edmonton International Airport
on May 28 after attending (1) Quality
& Safety Advisory Committee and
(2) SUDP Steering Committee

Terminal 069/66234877
Driver 4895
15/05/28 15:03:18

Card : [REDACTED] (3)
MasterCard
CHIP CARD
AID : [REDACTED]
TVR : [REDACTED]
VERIFIED BY PIN
Ref # [REDACTED]
Auth # [REDACTED]

 PURCHASE
FARE : \$ 54.00
TIP : \$ 6.00

TOTAL : \$ 60.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Merchant Copy



4

Ms Penny Rae
Canada

Room Number: [REDACTED]
Arrival Date: 05-27-15
Departure Date: 05-28-15
Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

Date	Description	Charges	Credits
05-27-15	Room Revenue	145.00	
05-27-15	Destination Marketing Fee - 3%	4.35	
05-27-15	Tourism Levy - 4%	5.97	
05-28-15	Mastercard [REDACTED]		155.32
Total		155.32	155.32
Balance		0.00	

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 or the full amount of these charges. G.S.T. #866344302 RT 0001

Edmonton hotel the night of May 27th after attending the following meetings: (1) Work Stream / Action Plan (2) HR Advice Discussion (3) AHS / IBM Discussion (4) Data Governance & Oversight Committee (5) OAG Year End Exit

And attending the following meetings on May 28th: (1) CMIO Job Description (2) Quality & Safety Advisory Committee (3) CIS RFP Overview Bi-Weekly Meeting (4) SUDP Steering Committee

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 05/27/15 05:53
OUT: 05/28/15 16:58
DURATION: 1 11: 05
PAID: \$ 56.70
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT

Parking at the Calgary International Airport
on May 27 & 28 to attend the following mtgs.:
(1) Work Stream / Action Plan (2) HR Advice
Discussion (3) AHS / IBM Discussion (4)
Data Governance & Oversight

Committee (5) OAG Year End Exit (6) CMIO
Job Description (7) Quality & Safety
Advisory Committee (8) SUDP Steering
Committee

5

Calgary International Airport Parkade

AIRPORT TAXI SERVICE
4608 181 ST. (780)9070707
EDMONTON AB
T6E-5G9

Term ID: 05225948

2

Purchase



MASTERCARD

Entry Method: C

Invoice #: 634

Amount: \$ 55.00

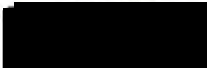
Tip: \$ 5.50

Total: \$ 60.50 ✓

2015/05/27

08:28:38

Seq #:



Appr Code:

Resp Code:

MasterCard



Taxi on May 27 from Edm. International
Airport to attend the following mtgs.: (1)
Work Stream / Action Plan (2) HR Advice
Discussion (3) AHS / IBM Discussion
(4) Data Governance Oversight Committee

APPROVED

Thank You

Verified By Pin

Merchant Copy

- IMPORTANT
retain this copy for your records

451 2014-01-01 01:00:00

Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

Taxi on June 9 from Seventh Street Plaza to Edm.
International Airport after attending the following
mtgs.; (1) IT Managers Mtg. with CIO & Budget
Training (2) 1 on 1 with Gartner (3) Research /
Analytics / IT / IM Session (Canterbury Visit)

Terminal 255/66233655
Driver 3879
15/06/09 ✓ 17:59:48

MASTERCARD

Card : [REDACTED] (6)

MasterCard

CHIP CARD

AID : [REDACTED]

TVR : [REDACTED]

Ref # [REDACTED]

Auth # [REDACTED]

		PURCHASE
FARE	: \$	57.60
TIP	: \$	6.00
TOTAL	: \$	63.60

 ✓

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Customer Copy

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 4502412478252
Item #: 0574
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED] (7)

#ID: A0000000041010

APPROVED

AMOUNT	CAD\$63.00
TIP	CAD\$6.30
TOTAL	CAD\$69.30

 ✓

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TVR: 000000000
ISI: E000

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

65T 100403070

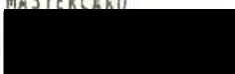
2015/06/09 Time: 07:28:02

Taxi on June 9 from Edm. International
Airport to attend the following mtgs.; (1)
IT Managers Mtg. with CIO & Budget
Training (2) 1 on 1 with Gartner (3)
Research / Analytics / IT / IM Session
(Canterbury Visit)

RECEIPT
GST NO. R122556194

EXIT No. ✓ A1
IN: 06/09/15 04:58
OUT: 06/09/15 20:02
DURATION: 0 15: 04
PAID: \$ 28.35 ✓
(GST INCLUDED)
MASTERCARD

(B)



THANK YOU FOR
YOUR VISIT

**Parking at the Calgary International
Airport on June 9th to attend the following
mtgs.: (1) IT Manager Mtg. with CIO &
Budget Training (2) Gartner mtg. (3)
Research / Analytics / IT / IM Session
(Canterbury Visit)**

Calgary International Airport Parkade

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: 25-May-15 To 26-Jun-15
 Travel Period from: 27-May-15 To 26-Jun-15 (if applicable)
 Out-of-Province Travel No: _____

Name: Penny Rae Position (Title): Chief Information Officer
 Location: Quarry Park, Calgary Dept: Information Technology DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	0005	71125000089	\$83.15					
2B									
2C									
2D									
				\$83.15					

TOTAL REIMBURSEMENT

Total Section B	\$83.15
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$83.15

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

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (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 rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: [Signature] Date: 28-Jun-15

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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 rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: [Signature] Title: VP Corporate Services & CFO Date: June 30/15

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 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 10630-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0005 71125000069**

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)
Ensures 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						
27-Jun-15	Attended the following mtgs. in Edm.: (1) Work Stream / Action Plan (2) IBM / AHS (3) Data Governance & Oversight Committee	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80		✓						
9-Jun-15	Attended the following mtgs. in Edm.: (1) IT Managers Mtg with CIO & Budget Training (2) Garner / AHS (3) Research/Analytics/IT/IM Session	AB - Provinc	Meeting	Yes	A-\$41.55	\$41.55		✓						
25-Jun-15	Attended the following mtgs. in Edm. (1) Mobility Services Presentations and (2) SUDP Steering Committee	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80		✓						
SUBTOTALS						\$83.15						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 \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.606 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) **\$0.505**

Mileage \$	
Travel \$ Subtotal	\$83.15
Auto fills on page 1 - TOTAL TRAVEL \$	\$83.15

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.

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. 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 : Penny Rae	Reporting Period for the Month of : May 21st to June 20th, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-May-15	Direct Billing	Airline Ticket	Cgy to Edm. To attend Data Governance & Oversight Committee mtg.	Marlin Travel	171.48
28-May-15	Direct Billing	Airline Ticket	Edm. To Cgy return after attending SUDP Steering Committee mtg.	Marlin Travel	186.48
09-Jun-15	Direct Billing	Airline Ticket	Cgy/Edm return to attend Research/Analytics/IT/IM Session	Marlin Travel	352.96
	Direct Billing	Airline Ticket		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 710.92

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

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

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

INVOICE

For

MRS PENELOPE RAE
 [REDACTED]

Wednesday, May 27, 2015

 **Air**

WESTJET AIRLINES **Flight:** 3394 M CLASS
From: CALGARY AB 07:00 AM **Equipment:** DH4
To: EDMONTON INTL AB 07:53 AM
Stops: 0 **Arrival:** 27May15 **Mile(s) Flown:** 163
 WESTJET ENCO
 SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT-	[REDACTED] E-TKT		122.00
		Tax:	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:.....

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

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

INVOICE

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: MEA MOORE [REDACTED]

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

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

INVOICE

For

MRS PENELOPE RAE
[REDACTED]

Thursday, May 28, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 28May15
Seat(s): 05D
AIR CANADA E

Flight: 8151 G CLASS
04:00 PM Equipment: CRJ JET
04:52 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT [REDACTED]	149.00
	Tax: 37.48
	Ticket Total: 186.48

Total:

Grand Total:	186.48
Less Credit Card Payments:	186.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

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

INVOICE

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: MEA MOORE [REDACTED]

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

Invoice Number: [REDACTED]
Date: June 3, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MRS PENELOPE RAE
[REDACTED]

Tuesday, June 9, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 09Jun15
Seat(s): 02C
AIR CANADA E

Flight: 8130 G CLASS
06:00 AM Equipment: D8 (300 SERIES)
06:52 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 09Jun15
Seat(s): 02D
AIR CANADA E

Flight: 8171 G CLASS
07:00 PM Equipment: D8 (300 SERIES)
07:54 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED]	E-TKT [REDACTED]	278.00
		Tax: 74.96
		Ticket Total: 352.96

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

Invoice Number: [REDACTED]
Date: June 3, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	352.96
Less Credit Card Payments:	352.96
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..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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