

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings			142	87	229			
Sep-15	Expense Claim	Meetings		62			62			
Sep-15	Direct Billing	Meetings	770				770			
Total			\$ 770	\$ 62	\$ 142	\$ 87	\$ 1,061	\$ -	\$ -	\$ -

Total for the Month \$ 1,061

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 129
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

<u>RAE, PENELOPE</u>	<u>CHIEF INFORMATION OFFICER</u>		
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>	Billing Reporting Period:	<u>20/09/2015</u>
<u>INFORMATION TECHNOLOGY</u>	<u>QUARRY PARK</u>	Total Statement Amount:	<u>\$229.31</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #	<u>[REDACTED]</u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/09/2015	402154775	CO-OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	58.00	CAD	✓ 58.00	2.76		Taxi from SSP to EIA
08/09/2015	402497624	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	29.35	CAD	✓ 29.35	1.40		00 Parking at CIA on Sept 8 while in Edm
17/09/2015	40260890	SHERATON RED DEER HOTE LODGING HOTELS, MOTELS, RESORTS	141.96	CAD	✓ 141.96	00		00 Red Deer hotel the night of Sept 16

①
②
③

✓
PAB

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>Dawn A. Rand</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Dawn A. Rand</u> Signature of Cardholder Designate	<u>Sept 23, 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. 		
RAE, PENELOPE Name of Cardholder	CHIEF INFORMATION OFFICER Cardholder Position/Title	
<u>P. RAE</u> Signature of Cardholder	<u>Sept 24, 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>Sept 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>Sept 29/15</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: 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: _____

**Taxi on Sept 8 to the Edm. International
Airport after attending: (1) IT Executive
Meeting (2) IT Governance Best Practices
(3) Executive Leadership Team (4) Touch
base meeting with Peter Jamieson**

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

Terminal 204/66233499
Driver 2045
15/09/08 15:46:11

MASTERCARD

Card :

CHIP CARD SWIPED

Ref #

Auth #

PURCHASE
FARE : \$ 50.00
TIP : \$ 8.00

TOTAL : \$ 58.00

APPROVED - THANK YOU
(01-027)

Cardholder will pay card
issuer above amount
pursuant to Cardholder
Agreement

IMPORTANT: Retain a
copy for your records

Customer Copy

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 09/08/15 05:50
OUT: 09/08/15 17:46
DURATION: 0 11: 56
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

REF.
THANK YOU FOR
YOUR VISIT

**Parking at the Calgary International Airport on
Sept 8 in order to attend the following in Edm.:
(1) IT Executive meeting (2) IT Governance Best
Practices Session (3) Executive Leadership Team
meeting (4) Touch base meeting with Peter
Jamieson**

Sheraton Red Deer
3310 50 Avenue
Red Deer, AB T4N 3X9
Canada
Tel: 403-346-2091 Fax: 403-340-0255

Penelope Rae



Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 16-SEP-15 09:29
Depart Date : 17-SEP-15 07:22
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]
Voucher Number : [REDACTED]

**Hotel in Red Deer the night of Sept. 16
after attending Strategic Workforce
Planning Meeting and before Sept. 17
all day IT Leadership Meeting**

Tax Invoice

Tax ID : R849702444

Sheraton Red Deer 17-SEP-15 07:30 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
16-SEP-15	[REDACTED]	Room Chrg Government	129.00	
16-SEP-15	[REDACTED]	GST Room Charge	6.51	
16-SEP-15	[REDACTED]	Tourism Levy	5.16	
16-SEP-15	[REDACTED]	SRD Destination Marketing	1.29	
17-SEP-15	[REDACTED]	MasterCard / Diners Intl		-141.96
** Total			141.96	-141.96
*** Balance			-0.00	

GST Summary	GST# R849702444	Amount (CAD)
GST Room Revenue		6.51
GST Food & Beverage		0.00
GST Telephone		0.00
GST Other		0.00
GST Total		6.51

Tell us about your stay. www.sheraton.com/reviews

Continued on the next page

Sheraton Red Deer
3310 50 Avenue
Red Deer, AB T4N 3X9
Canada
Tel: 403-346-2091 Fax: 403-340-0255



Penelope Rae

Page Number : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 16-SEP-15 09:29
Depart Date : 17-SEP-15 07:22
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]
Voucher Number : [REDACTED]

Invoice Nbr : [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room Chgs	Food & Bev	Telephone	Other	Total	Payment
09-16-2015	141.96	0.00	0.00	0.00	141.96	0.00
09-17-2015	0.00	0.00	0.00	0.00	0.00	-141.96
Total	141.96	0.00	0.00	0.00	141.96	-141.96

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21-Aug-15 To 20-Sep-15
 Travel Period from: 8-Sep-15 To 18-Sep-15 (if applicable)
 Out-of-Province Travel No

Name: Penny Rae Position (Title): Chief Information Officer
 Location: Dept: Information Technology DOFA Level: (if applicable) Union: Business Phone #: t:
 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					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	71125000069	\$62.30						\$62.30		
2B												
2C												
2D												
				\$62.30								

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

TOTAL CLAIM \$62.30 ✓

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: Date 24-Sep-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): Deborah Rhodes DOFA Level Position # Phone # Ext
 Signature: Title VP Corporate Services & CFO Date Sept-29/15

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 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0005

71125000069

Emp # (E-People)

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'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
				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						
15-Sep-15	Attended Strategic Workforce Planning Meeting in Red Deer	AB - Provinc	Meeting	Yes	D-\$20.75	\$20.75	✓							
17-Sep-15	Attended all day IT Leadership Meeting in Red Deer and then travelled to Edmonton for IT Managers & CIO meeting on September 16th	AB - Provinc	Meeting	Yes	BD-\$29.95	\$29.95	✓							
18-Sep-15	Attended IT Managers & CIO Meeting in Edmonton	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60	✓							
SUBTOTALS						\$62.30	✓							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)

\$0.505

Mileage \$

Travel \$ Subtotal \$62.30

Auto fills on page 1 - TOTAL TRAVEL \$ \$62.30

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 :	August 21st to September 20th, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Aug-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm. return on September 1st in order to attend the Executive Leadership Team meeting. (Agenda item subsequently moved from September 1st meeting to September 8th meeting).	Marlin Travel	335.64
28-Aug-15	Direct Billing	Airline Ticket	Change fee on flight from Calgary to Edm. return on September 8th to attend Executive Leadership Team meeting (flight was originally scheduled for September 1st)	Marlin Travel	81.20
15-Sep-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm return Sept. 21st to Sept. 23rd to attend 2015 CHES National Conference; Women in Leadership Edm. Chapter; CPSM Mgmt. Mtg.; Quality & Safety Advisory Committee	Marlin Travel	352.96
Total Paid in the Month					\$ 769.80

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

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

**Travel from Calgary to Edmonton return
on September 1st to attend Executive
Leadership Team meeting. (Agenda item
subsequently deferred to Sept. 8th mtg.)**

Invoice Number:

Date:

August 24, 2015

Page:

1/2

Our Reference:

INVOICE

For

MRS PENELOPE RAE

AC

WS

Tuesday, September 1, 2015

Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 01Sep15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3394

M CLASS

07:00 AM Equipment: DH4

07:51 AM

Mile(s) Flown: 163

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 01Sep15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3207

M CLASS

04:40 PM Equipment: DH4

05:33 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

236.68

Tax:

98.96

Ticket Total:

335.64

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

Invoice Number: [REDACTED]
Date: August 24, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	335.64
Less Credit Card Payments:	335.64
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:

Agent:

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

**Travel from Calgary to Edmonton return
on September 8th to attend Executive
Leadership Team meeting.**

Invoice Number:

Date:

August 28, 2015

Page:

1/2

Our Reference:

INVOICE

For

MRS PENELOPE RAE

AC

WS

Tuesday, September 8, 2015

Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 08Sep15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3394

L CLASS

07:00 AM Equipment: DH4

07:51 AM

Mile(s) Flown: 163

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 08Sep15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3207

Q CLASS

04:40 PM Equipment: DH4

05:33 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT EXCHANGED

81.20

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

Invoice Number: [REDACTED]
Date: August 28, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	81.20
Less Credit Card Payments:	81.20
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	335.64
Total Charges Previous Invoices:	335.64
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:

Agent:

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

Travel from Calgary to Edmonton return
Sept. 21-23 to attend (1) 2015 CHES
National Conference (2) Women in
Leadership Edm. Chapter (3) CPSM Mgmt
Mtg (4) Quality & Safety Advisory Committee

Invoice Number:

Date:

Page:

Our Reference:

September 15, 2015

1/2

INVOICE

For

MRS PENELOPE RAE

AC

WS

Monday, September 21, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 21Sep15

AIR CANADA E

Flight: 8130

S CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:52 AM

Mile(s) Flown: 163

Wednesday, September 23, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 23Sep15

AIR CANADA E

Flight: 8151

S CLASS

04:00 PM Equipment: CRJ JET

04:49 PM

Mile(s) Flown: 163

Cost:

TK  E-TKT

Tax:

Ticket Total:

278.00

74.96

352.96

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

Invoice Number: [REDACTED]
Date: September 15, 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.....
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
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