

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings			452	293	745			
Oct-15	Expense Claim	Meetings		106			106			
Oct-15	Direct Billing	Meetings	894				894			
Total			\$ 894	\$ 106	\$ 452	\$ 293	\$ 1,745	\$ -	\$ -	\$ -

Total for the Month \$ 1,745

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	20/10/2015
Cardholder's Name	Cardholder's Position/Title		
INFORMATION TECHNOLOGY	QUARRY PARK	Total Statement Amount:	\$745.23
Cardholder's Dept	Cardholder's Site/Location		
PENNY.RAE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card # XXXXXXXXXX	
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/09/2015	403442752	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.75	CAD	162.75	7.75		Edm hotel the night of Sept 17th prior to IT Managers & CIO Mtg ①
27/09/2015	403822014	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	481.00	CAD	51.00	2.90		Taxi on Sept 21 from EIA to 2015 CHEM National Conference ②
23/09/2015	403822015	CO OF TAXI LINE LTD, LIMOUSINES AND TAXICABS	57.40	CAD	59.40	2.00		Taxi on Sept 23 from SSP to Edm International Airport ③
23/09/2015	404023258	HOLIDAY INN EXPR DOWNT, HOLIDAY INNS	289.64	CAD	289.64	13.75		Edm Hotel the nights of Sept 21 & 22 ④
23/09/2015	404023260	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	66.05	CAD	66.05	4.15		Car parking at CIA Sept 21-23 while attending meetings in Edm ⑤
30/09/2015	404000678	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40		Car parking at Calgary International Airport on Oct 30 while attending mtg in Edm ⑥
30/09/2015	404800679	HD LIMOS & TAXI SERVICE, LIMOUSINES AND TAXICABS	55.00	CAD	55.00	2.52		Taxi on Sept 30 from SSP to EIA ⑦

✓
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 Bond</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Dawn A Bond</u> Signature of Cardholder Designate	<u>Oct. 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. 		
<u>RAE, PENELOPE</u> Name of Cardholder	<u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title	
<u>Penic</u> Signature of Cardholder	<u>Oct 26, 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>S Best</u> Signature of Approver Designate	<u>Oct. 27/15</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>IT Corp Services + CIP</u> Approver Position/Title	
<u>Deborah Rhodes</u> Signature of Approver	<u>Oct. 27/15</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: _____



1

Penelope Ms Rac
Canada

Room Number: [REDACTED]
Arrival Date: 09-17-15
Departure Date: 09-18-15
Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

09-17-15

Date	Description	Charges	Credits
09-17-15	Room Revenue	145.00	
09-17-15	Destination Marketing Fee - 3%	4.35	
09-17-15	Tourism Levy - 4%	5.97	
09-17-15	Room GST - 5%	7.47	
Total		162.79	0.00
Balance		162.79	

**Hotel in Edmonton the night of Sept. 17
prior to all day IT Managers & CIO Mtg.
on Sept. 18**

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

AIRPORT TAXI SERVICE
4608 101 ST. (7906907470)
EDMONTON, AB
T6E 0G9

Trans ID: 05226423

**Taxi on Sept. 21 from Edm. International
Airport to Shaw Conference Centre to
speak at 2015 CHES National Conference**

Purchase

MASTERCARD Entry Method: C

Invoice [REDACTED]

Amount: \$ 55.00 (2)

Tip: \$ 6.00 (3)

Total: \$ 61.00 ✓

2015/09/21 07:28:40

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

MasterCard
A0000000041010
06 0F 57 E8 21 97 11 CF
00 00 00 00 00
E8 00
F6 0E 1C 59 E0 A4 A4 69

APPROVED
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -

retain this copy for your records

051M563d546

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

Terminal 315/66234759

Driver [REDACTED]

15/09/23 14:24:53

MASTERCARD

Card #: [REDACTED]

MasterCard [REDACTED]

CHIP CARD

AID : A0000000041010

TVR : 0000008000

Ref # [REDACTED]

Auth # [REDACTED]

		PURCHASE
FARE	: \$	53.40
TIP	: \$	6.00

TOTAL	: \$	59.40

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Customer Copy

**Taxi on Sept 23 from Seventh Street Plaza
to Edm. International Airport after attend-
ing 3 days of mtgs., including: (1) 2015
CHES National Conference (2) Quality &
Safety Advisory Committee and 7 other mtgs.**



4

09-23-15

Penny Rae 	Folio No. :	Room No. :
	A/R Number :	Arrival : 09-21-15
	Group Code :	Departure : 09-23-15
	Company :	Conf. No. :
	Membership No. :	Rate Code :
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
09-21-15	*Room	129.00	
09-21-15	GST Tax	6.45	
09-21-15	Trsm Levy Tax	5.16	
09-21-15	Municipal DMF	3.87	
09-21-15	Municipal DMF GST	0.19	
09-21-15	Municipal DMF Tourism Levy	0.15	
09-22-15	*Room	129.00	
09-22-15	GST Tax	6.45	
09-22-15	Trsm Levy Tax	5.16	
09-22-15	Municipal DMF	3.87	
09-22-15	Municipal DMF GST	0.19	
09-22-15	Municipal DMF Tourism Levy	0.15	
Total		289.64	0.00
Balance		289.64	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Edm. hotel the nights of Sept 21-22 after attending 2015 CHES National Conference, 2016 Exec Education Program discussion, Weekly IT Exec mtg., IT Process Optimization mtg., CIS Executive Sponsor mtg., Women in Leadership Edm. Chapter mtg, and others

Holiday Inn Express Downtown
 Edmonton 10010 - 104 Street
 Canada T5J 0Z1 Edmonton, AB
 Telephone: (780) 423-2450 Fax: (780) 426-6090
 0GST #896724515
 www.hiexdowntown.com

RECEIPT
GST NO. R122556194

5

EXIT No. A1
IN: 09/21/15 04:58
OUT: 09/23/15 17:01
DURATION: 2 12: 03
PAID: \$ 88.35
(GST INCLUDED)
MASTERCARD

Parking at the Calgary International Airport from Sept 21-23 while attending mtgs. in Edm: (1) 2015 CHES National Conference (2) 2016 Exec Education Program (3) IT Exec mtg. (4) Quality & Safety Committee (5) Women in Leadership - Edm Chapter and other mtgs.

REF. 35
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

RECEIPT
GST NO. R122556194

6

EXIT No. A3
IN: 09/30/15 05:49
OUT: 09/30/15 20:05
DURATION: 0 14: 16
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

Parking at the Calgary International Airport on Sept 30 in order to: (1) Speak at AMA Vendor Engagement mtg. and attend the following mtgs.: (2) CIS RFP Core Team mtg. (3) Rural Clinical Services Team mtg (4) Analytics Oversight mtg. (5) CIS Planning mtg.

REF. 47
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

MD LIMOUS & TAXI SERVICE
1035 59 ST SW T6X0T3
EDMONTON AB
20249540
GH2024954001

**** PURCHASE ****
09-30-2015 14:06:49
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: PENELOPE RAE
A000000041010 MasterCard

Tra [REDACTED]
Inv [REDACTED]
Aut [REDACTED] RRN 001230004

Purchase \$50.00
Tip \$5.00
Total \$55.00

(00) APPROVED-THANK YOU

Taxi from Seventh Street Plaza to Edm. International Airport on Sept 30 after (1) Speaking at AMA Vendor Engagement mtg. and attending the following mtgs.: (2) CIS RFP Core Team mtg. (3) Rural Clinical Services Team mtg (4) Analytics Oversight mtg. (5) CIS Planning mtg.

Retain this copy for your records
Customer copy

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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)

Name: Penny Rae Position (Title): Chief Information Officer
 Location: [Redacted] Dept: Information Technology DOFA Level: [Redacted] (applicable) Union: Business Phone: [Redacted] Ext: [Redacted]
 Employee # (E-People): [Redacted]

Expense Date From: 21-Sep-15 To 20-Oct-15
 Travel Period from: 21-Sep-15 To 20-Oct-15
 Out-of-Province Travel: No

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	71125000089	\$106.30						\$106.30		
2B												
2C												
2D												
				\$106.30							TOTAL CLAIM	\$106.30

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

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

SECTION F: AUTHORIZATION

I warrant that I have read and understand the "Travel, Hospitality & Working Session Expense Policy" of Alberta Health Services and confirm that the above information is true and correct. I warrant that the expenses are for the purpose of the claim and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I warrant that the expenses submitted in this claim have been incurred by using a credit card method, otherwise stated and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: Deborah Rhodes Date: 26-Sep-15

I warrant that I have read and understand all applicable policies of Alberta Health Services that relate to these expenses, and confirm expenses being claimed are a necessary part of my work.

I warrant that the expenses submitted in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I warrant that the expenses submitted in this claim have been incurred by using a credit card method, otherwise stated and supporting analysis is provided above.

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

Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: Oct 27/15

I, by signing this form, attest that I am compliant to all the above statements.

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(c) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs 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 71125000009 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, Recreation Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N America = 512-1)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if most), 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/RT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
21-Sep-15	Presented at 2015 CHES National Conference in Edmonton	AB - Provinc	Meeting	Yes	BD-\$29.95	\$29.95	✓							
22-Sep-15	Attended in Edm 2016 Exec Education Program Discussion, IT Exec Mtg and other mtgs including Women in Leadership Edm Chapter mtg	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35	✓							
23-Sep-15	Attended in Edm CPSM Morning as well as Quality & Safety Advisory Committee - MIT Strategy	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60	✓							
30-Sep-15	Presented at AMI's Vendor Engagement Session in Nisku, attended GIS Core Team mtg Analysts Oversight Committee and others	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80	✓							
30-Oct-15	Attended in Edm Secondary Use of Data Discussion mtg and IT Roadmap Workshop with Alberta Health in Nisku	AB - Local	Meeting	Yes	L-\$11.60	\$11.60	✓							
SUBTOTALS						\$106.30	✓					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 \$106.30

Auto fills on page 1 - TOTAL TRAVEL \$106.30

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.

09704 doc(Rev:2014-06)

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 : September 21st to October 20th, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Sep-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm. return on September 30th in order to: (1) Present at AMA Vendor Engagement mtg ; and attend the following mtgs. (2) CIS Core Team (3) Analytics Oversight (4) CIS Planning and (5) EIM PPP Review (6) Rural Clinical Services	Marlin Travel	339.30
15-Oct-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm on October 20th to attend Secondary Use of Data mtg. with Alberta Health as well as Roadmap Workshop (no return flight required as car pooled with others)	Marlin Travel	171.48
20-Oct-15	Direct Billing	Airline Ticket	Flights from Calgary to Edm. Return on October 23rd to attend the following mtgs: (1) CMIO Interview (2) IT Leadership (3) eFacilities (4) AMA Secure Messaging Initiative	Marlin Travel	382.96
Total Paid in the Month					\$ 893.74

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

Flights from Cgy./Edm. return on Sept 30
to present at AMA Vendor Engagement and
attend the following mtgs.: (2) CIS RFP
Core Team (3) Rural Clinical Services (4)
Analytics Oversight (5) EIM PPP Review

Branch:
Agent:

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

Invoice Number:
Date: 2015
Page: 1/2
Our Reference:

INVOICE

For

MRS PENELOPE RAE

AC
WS

Wednesday, September 30, 2015

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 30Sep15
WESTJET ENCO

Flight: 3394 M CLASS
07:00 AM Equipment: DH4
07:51 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 30Sep15
Seat(s): 04D
AIR CANADA E

Flight: 8171 W CLASS
07:00 PM Equipment: D8 (300 SERIES)
07:55 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

134.00

Tax: 37.48

Ticket Total: 171.48

TKT- E-TKT

118.34

Tax: 49.48

Ticket Total: 167.82

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

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

INVOICE

Total:

Grand Total:	339.30
Less Credit Card Payments:	339.30
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 15, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

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

Tuesday, October 20, 2015

 Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 20Oct15
WESTJET ENCO

Flight: 3270 M CLASS
08:00 AM Equipment: DH4
08:51 AM

Mile(s) Flown: 163

C [REDACTED]	[REDACTED]	122.00
TK [REDACTED] TKT [REDACTED]	[REDACTED]	
	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:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

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

Flights from Cgy./Edm. return on Oct. 23
to attend the following mtgs: (1) CMIO
Interview (2) IT Leadership (3) eFacilities
(4) AMA Secure Messaging Initiative

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

INVOICE

For

MRS PENILOPE RAE

AC [REDACTED]
WS [REDACTED]

Friday, October 23, 2015

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 23Oct15
Seat(s): 04D
AIR CANADA E

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

Mile(s) Flown: 163

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 23Oct15
WESTJET ENCO

Flight: 3207 Q CLASS
04:40 PM Equipment: DH4
05:33 PM

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT- [REDACTED] E-TKT	[REDACTED]	154.00
	Tax:	37.48
	Ticket Total:	191.48
TKT- [REDACTED] E-TKT	[REDACTED]	142.00
	Tax:	49.48
	Ticket Total:	191.48

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

Invoice Number: [REDACTED]
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INVOICE

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
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
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.