

## Official Administrator and Executive Expense Report

**Name** Dr. Rollie Nichol  
**Title** ACMO, Medical Leadership, Workforce & Medical Affairs  
**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				216	216			
Jun-15	Expense Claim	Meetings		83	163	249	495			
Jun-15	Direct Billing	Meetings	170				170			
<b>Total</b>			\$ 170	\$ 83	\$ 163	\$ 465	\$ 881	\$ -	\$ -	\$ -

**Total for the Month** \$ 881

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

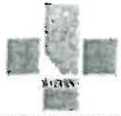
### 3) Hosting and Hospitality expenses

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

<b>RAMSTEAD, DEBRA</b> Cardholder's Name	<b>EXECUTIVE ASSISTANT</b> Cardholder's Position/Title	Billing Reporting Period: <b>20/06/2015</b>
<b>PROVINCIAL MEDICAL AFFAIRS</b> Cardholder's Dept	<b>CALGARY SOUTHPORT</b> Cardholder's Site/Location	Total Statement Amount: <b>\$1,662.02</b> <b>\$216.00</b>
<b>DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address	Last 6 digits of the P-Card #: <b>[REDACTED]</b>	

Statement of Transactions

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Transaction Date	Trans ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Freight	Description
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
09/06/2015	992516431	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.4%	0.00	Nichol Prov Physician Unicon Forum Edmonton April 22
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18/06/2015	994035561	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.4%	0.00	Nichol Cancer Care Investigation mtg Edmonton June 11
19/06/2015	994043562	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.4%	0.00	Nichol Cancer Care Investigation mtg Edmonton June 11
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

<b>Signature:</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>RAMSTEAD, DEBRA Name of Cardholder</p> <p><i>Debra Ramstead</i> Signature of Cardholder</p>	<p>EXECUTIVE ASSISTANT Cardholder Position/Title</p> <p>10 July 2015 Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>Audrey Malone Name of Approver Designate</p> <p><i>Audrey Malone</i> Signature of Approver Designate</p>	<p>Exec. Asst. Approver Designate Position/Title</p> <p>July 13/15 Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>Dr. Verma/Ch Name of Approver</p> <p><i>Dr. Verma/Ch</i> Signature of Approver</p>	<p>VP Quality + CMO Approver Position/Title</p> <p>July 27/15 Date of Signature</p>	
<b>Attach approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

DR. NICHOL

April 24/2015

Ap > written

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id: 4502412509440  
Item #: 1227  
N/C PURCHASE  
Op Id: 114995  
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. # [REDACTED]  
Auth. # [REDACTED]

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
631 802194769

Date: 2015/06/02 Time: 05:46:11  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

**Debra Ramstead**

---

**From:** tobias tobias <[REDACTED]>  
**Sent:** Friday, June 19, 2015 2:00 AM  
**To:** Debra Ramstead  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Dr. Nichol  
June 10/2015  
ap>Courtyard Marriott

# INFINITY TRANSPORTATION I

---

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 01:55AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -  
Retain this copy for your records

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Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

**Debra Ramstead**

---

**From:** tobias tobias <[REDACTED]>  
**Sent:** Friday, June 19, 2015 2:01 AM  
**To:** Debra Ramstead  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Dr.Nichol  
June 11/2015  
SSP>Ap

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 01:56AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	494.96

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/9/2015	Cancer Care and HQN mtgs Edmonton June 9	AB - Other Zones	Parking	24			Attend Cancer Care and HQN mtgs Edmonton June 9	1			
6/9/2015	Cancer Care and HQN mtgs Edmonton June 9	AB - Other Zones	Car Rental	136.04			Attend Cancer Care and HQN mtgs Edmonton June 9	1			
6/9/2015	Cancer Care and HQN mtgs Edmonton June 9	AB - Other Zones	Fuel	44.6			Attend Cancer Care and HQN mtgs Edmonton June 9	1			
6/9/2015	Cancer Care and HQN mtgs Edmonton June 9		Meals Per Diem	41.55			Attend Cancer Care and HQN mtgs Edmonton June 9	2			
6/11/2015	Cancer Care Investigation mtgs	AB - Other Zones	Accommodations	162.62			Cancer Care Investigation meetings and interviews	1			
6/11/2015	Cancer Care Investigation	AB - Other Zones	Parking	26.25			Cancer Care Investigation interviews and meeting	1			
6/11/2015	Cancer Care Investigation	AB - Other Zones	Miscellaneous	3.2			Cancer Care Investigation interviews and meeting	1			

6/11/2015	Cancer Care Investigation		Meals Per Diem	41.55			Cancer Care Investigation meeting and interviews	2			
6/11/2015	Cancer Care Investigation		Mileage	15.15	Residence	Calgary Airport	Cancer Care Investigation	1			30
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		17-Jun-15							



**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Calgary Co-op  
North Hill Gas Bar  
540 - 16TH Ave NE  
Calgary Alberta  
(403) 299-4277  
GST# R100730894

License Plate Number



Member #

Expiration Date/Time

**01:02 PM**  
**JUN 09, 2015**

Pump Litres Price/L  
5 41.337 \$1.079

Product Amount  
Regular \$44.60

Total \$44.60

GST (Inc Pumps) \$2.12

Purchase Date/Time: 10:02am Jun 09, 2015

Total Parking: \$22.86

Total gst: \$1.14

Total Due: \$24.00

Rate: \$24 - 3 hours

Total Paid: \$24.00

Payment Type: Card

Ticket #:

S/N #: 50001245104

Setting: Lot 256

Mach Name: Meter 1

Purchase  
VISA

DATE: 06/09/2015  
TIME: 19:32:41  
REF: 0010016530 C  
TERM: 35801R10  
AUTH: [REDACTED]  
RESP: [REDACTED] ISO:01

Card # [REDACTED] /visa

Auth #:

GST #887315638RT0001

VISA  
A0000000031010  
0080008000  
VERIFIED BY PIN

**RECEIPT**  
GST NO. R122556194

Approved - Thank you

IMPORTANT:  
retain this copy  
for your records

\*\*\*CUSTOMER COPY\*\*\*

EXIT No. A4  
IN: 06/10/15 19:22  
OUT: 06/11/15 19:26  
DURATION: 0 23: 44  
PAID: \$ 26.25  
(GST INCLUDED)  
VISA

Store # [REDACTED]  
Receipt # [REDACTED]

Thank you !!!

THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade



5911 1120





Courtyard by Marriott  
Edmonton Downtown

1 Thornton Court Nw  
Edmonton, Ab T5j 2e7  
T 780.423.9999

R. Nichol

Room: [REDACTED]

Room Type: [REDACTED]

Number of Guests: 1

Rate: \$145.00

Clerk:

Arrive: 10Jun15

Time: 10:02PM

Depart: 11Jun15

Time:

Folio Number [REDACTED]

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Date	Description	Charges	Credits
10Jun15	Room Charge	145.00	
10Jun15	Marketing Fee	4.35	
10Jun15	Gst 831018205	7.47	
10Jun15	Tourism Levy	5.80	
11Jun15	Visa		162.62
	Card # [REDACTED]		
	Amount: 162.62 Auth. [REDACTED] Signature on File		
	This card was electronically swiped on 10Jun15		
	<b>Balance:</b>	<b>0.00</b>	

Thank You For Choosing Courtyard By Marriott Edmonton Downtown

As requested, a final copy of your bill will be emailed to you at [REDACTED] See "Internet Privacy Statement" on Marriott.com.

Webmail help

Contact us

Search

Nichol

Close

Address book

Calendar

Contacts

Preferences

Enterprise Rent

Close

Reply

Reply to All

Forward

Delete

Spam

Actions

### Enterprise Rental Agreement

From: Customerservice@enterprise.com

To:

ENTERPRISE RENT A CAR, 1036 - 9 AVENUE SW, CALGARY, AB T2P1L9 (403) 212-5232

#### RENTAL AGREEMENT REF#

#### RENTER

NICHOL, ROWLAND

#### DATE & TIME OUT

08/06/2015 02:53 PM

#### DATE & TIME IN

10/06/2015 07:16 AM

#### BILLING CYCLE

24-HOUR

#### VEH

#2 2015 HYUN SONA GL4C

VIN# 5NPE24AF6FH120603

LIC#

KM DRIVEN

VEH #1 2015 CHEV MALI 2LT4

VIN# 1G11D5SLXFF153870

LIC#

KM DRIVEN

#### SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	08/06 - 10/06	2	DAY	\$40.00	\$80.00
DW	08/06 - 10/06	2	DAY	\$23.99	\$47.98
REFUELING CHARGE	08/06 - 10/06				\$0.00
<b>Subtotal:</b>					<b>\$127.98</b>
<b>Taxes &amp; Surcharges</b>					
GST	08/06 - 10/06			5%	\$6.48
VLF	08/06 - 10/06	2	DAY	\$0.79	\$1.58
<b>Total Charges:</b>					<b>\$136.04</b>

Total Amount Due

\$0.00

#### PAYMENT INFORMATION

AMOUNT PAID

\$136.04

TYPE

Visa

CREDIT CARD NUMBER

## 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

<b>Name :</b> Dr. Rowland Nichol	<b>Reporting Period for the Month of :</b> Jun-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Jun-15	Direct Billing	Choose from Drop-down List	R. Nichol attend Cancer Investigation meetings Edmonton June 11, 2015 (used credit from cancelled flight) YYC to YEG	Marlin Travel	55.00
30-Jun-15	Direct Billing	Choose from Drop-down List	R. Nichol attend Cancer Investigation meetings Edmonton June 11, 2015 (changed flight time) YYC to YEG	Marlin Travel	50.00
30-Jun-15	Direct Billing	Choose from Drop-down List	R. Nichol attend Cancer Investigation meetings Edmonton June 11, 2015 (used credit from cancelled flight) YEG to YYC	Marlin Travel	65.00
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	
<b>Total Paid in the Month</b>					<b>\$ 170.00</b>

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

Invoice Number: [REDACTED]

Date: June 30, 2015

Page: 1/1

Our Reference: [REDACTED]

## INVOICE

### For

DR ROWLAND NICHOL

AA  
AC  
BA  
UA  
WS

### Cost:

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 55.00

### Total:

Grand Total:	55.00
Less Credit Card Payments:	55.00
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: June 30, 2015  
Page: 1/1  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR ROWLAND NICHOL  
AA [REDACTED]  
AC [REDACTED]  
BA [REDACTED]  
UA [REDACTED]  
WS [REDACTED]

**Cost:**  
TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 50.00  
**Total:**

**Grand Total:** 50.00  
**Less Credit Card Payments:** 50.00  
**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.  
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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

Invoice Number:

Date:

Page:

Our Reference:

June 30, 2015

1/2

## INVOICE

### For

DR ROWLAND NICHOL

AA  
AC  
BA  
UA  
WS

### Cost:

TKT-	-TKT EXCHANGED	55.00
	Tax:	10.00
	<b>Ticket Total:</b>	<b>65.00</b>

### Total:

<b>Grand Total:</b>	65.00
Less Credit Card Payments:	65.00
<b>Credit / Balance Due To This Invoice:</b>	<b>0.00</b>
Total Previous Payments:	176.48
Total Charges Previous Invoices:	176.48
<b>Total Balance Due:</b>	<b>0.00</b>

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