

Official Administrator and Executive Expense Report

Name Salimah Walji-Shivji
Title General Counsel Legal & Privacy
Location Edmonton

Expenses submitted during the month of June 2015

Travel (1)

Date	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			966	596	1,562			
Jun-15	Expense Claim	Meetings		166		147	313			
Jun-15	Direct Billing	Meetings	1,774				1,774			
Total			\$ 1,774	\$ 166	\$ 966	\$ 743	\$ 3,649	\$ -	\$ -	\$ -

Total for the Month \$ 3,649

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 197
 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


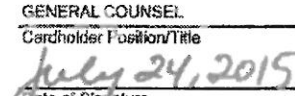

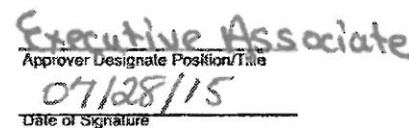
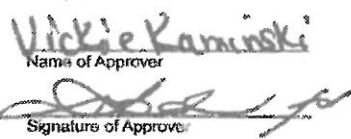

Instruction:

- 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>WALJI-SHIVJI, SALIMAH</u> Cardholder's Name	<u>GENERAL COUNSEL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2015</u>
<u>LEGAL & PRIVACY</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,561.25</u>
<u>SALIMAH.WALJI@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/05/2015	390760241	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	27.60	CAD	27.60	1.31	.00	Taxi from home to YYC for May 19 ELT
20/05/2015	390760242	THE WESTIN EDMONTON, WESTIN HOTELS	193.11	CAD	193.11	36.12	.00	Hotel stay for ELT on May 19
27/05/2015	391689568	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	35.30	CAD	35.30	1.68	.00	Taxi from YYC to home
29/05/2015	391689569	THE WESTIN EDMONTON, WESTIN HOTELS	579.33	CAD	579.33	124.11	.00	Stay for 3 nights for ELT and Committee mtgs
01/06/2015	392315417	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	28.80	CAD	28.80	1.37	.00	Taxi from home to YYC for May 26 ELT
03/06/2015	392315415	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to Hotel for May 19 ELT
03/06/2015	392315416	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP back to YEG
03/06/2015	392516393	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Transportation from SSP to YEG Apr 14 ELT
10/06/2015	393082606	THE WESTIN EDMONTON, WESTIN HOTELS	193.11	CAD	193.11	36.12	.00	Hotel stay for JUNE 9 ELT
15/06/2015	393586224	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to hotel for May 26 ELT
15/06/2015	393586225	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportatio from hotel to YEG May 28
19/06/2015	394043551	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to hotel June 8 for June 9 ELT
19/06/2015	394043552	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG June 9

Signatures		
Cardholder Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> • I hereby certify that I have reviewed and accepted this statement in BMC 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. 		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	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. 		
Name of Cardholder: <u>WALJI SHIVJI SALIMAH</u> 	Cardholder Position/Title: <u>GENERAL COUNSEL</u> 	
Signature of Cardholder: _____	Date of Signature: <u>July 24, 2015</u>	
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. 		
Name of Approver Designate: <u>Lorinda Prociuk</u> 	Approver Designate Position/Title: <u>Executive Associate</u> 	
Signature of Approver Designate: _____	Date of Signature: <u>07/28/15</u>	
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. 		
Name of Approver: <u>Vickie Kaminski</u> 	Approver Position/Title: <u>President & CEO</u> 	
Signature of Approver: _____	Date of Signature: <u>2015-07-26</u>	
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 • Dispute 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: _____

Home → Y4C

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/05/18
PICK-UP TIME: 16:22
DROP-OFF TIME: 16:39
TRIP ID: 740883
LOCATION: 073000-45024103707
CAR NUMBER: 1613
DRIVER: 750187
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) : 24.60
EXTRA (\$) : 0.00
SUBTTL (\$) : 24.60

TIP (\$) : 35

TOTAL (\$) : 27.60

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Y4C → HOME

DATE: 2015/05/19
PICK-UP TIME: 16:56
DROP-OFF TIME: 17:18
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0546
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) : 31.30
EXTRA (\$) : 0.00
SUBTTL (\$) : 31.30

TIP (\$) : 9-

TOTAL (\$) : 34.30

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

May 26 EJT

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/05/25
PICK-UP TIME: 18:51
DROP-OFF TIME: 19:03
TRIP ID: 799442
LOCATION: 073000-45024103707
CAR NUMBER: 0569
DRIVER: 704595-45024103707
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) : 25.80
EXTRA (\$) : 0.00
SUBTTL (\$) : 25.80

TIP (\$) : 9-

TOTAL (\$) : 28.80

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

ELT May 19^v

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

WESTIN[®]

HOTELS & RESORTS

Salimah Walji

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 18-MAY-15 19:45
Depart Date : 19-MAY-15 08:28
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]

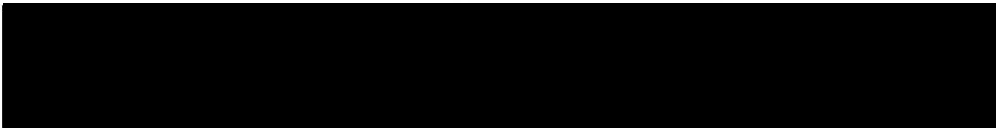
Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 20-MAY-15 02:50 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
18-MAY-15	[REDACTED]	Room Charge	172.00	
18-MAY-15	[REDACTED]	GST	8.86	
18-MAY-15	[REDACTED]	Destination Marketing Fee	5.16	
18-MAY-15	[REDACTED]	Tourism Levy	7.09	
19-MAY-15	MC	Mastercard		-193.11
		** Total	193.11	-193.11
		*** Balance	0.00	

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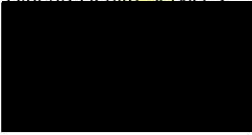


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The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Salimah Walji
 Alberta Health Services



Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 18-MAY-15 19:45
 Depart Date : 19-MAY-15 08:28
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-18-2015	172.00	8.86	7.09	0.00	0.00	5.16	193.11	0.00
05-19-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-193.11
	-----	-----	-----	-----	-----	-----	-----	-----
Total	172.00	8.86	7.09	0.00	0.00	5.16	193.11	-193.11

May 25, 26, 27
 ET + Cont mtgs

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

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HOTELS & RESORTS

Salimah Walji
 [Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 25-MAY-15 22:17
 Depart Date : 28-MAY-15 12:55
 No. Of Guest : [Redacted]
 Room Number : [Redacted]
 Club Account : [Redacted]

Copy Invoice

Tax ID : 815461330RT0001
 The Westin Edmonton 23-JUN-15 08:44 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-MAY-15	[Redacted]	Room Charge	197.00	
25-MAY-15	[Redacted]	GST	10.15	
25-MAY-15	[Redacted]	Destination Marketing Fee	5.91	
25-MAY-15	[Redacted]	Tourism Levy	8.12	
26-MAY-15	[Redacted]	Room Charge	197.00	
26-MAY-15	[Redacted]	GST	10.15	
26-MAY-15	[Redacted]	Destination Marketing Fee	5.91	
26-MAY-15	[Redacted]	Tourism Levy	8.12	
27-MAY-15	[Redacted]	Adj Room Chrg Corp Volumn LRA		-50.00
27-MAY-15	[Redacted]	-ADJ GST		-2.58
27-MAY-15	[Redacted]	-ADJ Destination Marketing Fee		-1.50
27-MAY-15	[Redacted]	-ADJ Tourism Levy		-2.06
27-MAY-15	[Redacted]	Room Charge	172.00	
27-MAY-15	[Redacted]	GST	8.86	
27-MAY-15	[Redacted]	Destination Marketing Fee	5.16	
27-MAY-15	[Redacted]	Tourism Levy	7.09	
28-MAY-15	[Redacted]	Mastercard		-579.33

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 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

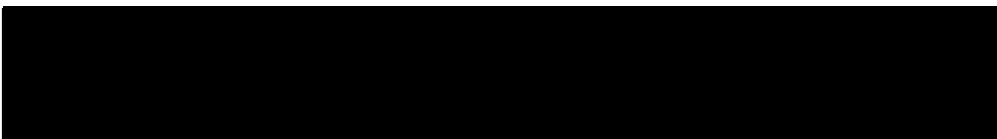


Salimah Walji

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 25-MAY-15 22:17
 Depart Date : 28-MAY-15 12:55
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]

** Total 635.47 -635.47
 *** Balance 0.00

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store



EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-25-2015	197.00	10.15	8.12	0.00	0.00	5.91	221.18	0.00
05-26-2015	197.00	10.15	8.12	0.00	0.00	5.91	221.18	0.00
05-27-2015	122.00	6.28	5.03	0.00	0.00	3.66	136.97	0.00
05-28-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-579.33
Total	516.00	26.58	21.27	0.00	0.00	15.48	579.33	-579.33

Continued on the next page

May 19
ELT

Tena Dubeau

From: Lou Decoste
Sent: June 03, 2015 8:35 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: June 3, 2015 6:45 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
May 18/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 3 2015 06:38AM
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

May 19
ELT

Tena Dubeau

From: Lou Decoste
Sent: June 03, 2015 8:35 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: June 3, 2015 6:44 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
May 19/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 3 2015 06:41AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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- IMPORTANT -

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April 14
ET

SALMAH WALJI-SHWJ

April 14/2015.

8SP>AP.

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

Term Id:4502412509440
Item #:1230
H/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
GST 862184769

Date: 2015/06/02 Time: 05:47:56
Response: AUTH [REDACTED]

CUSTOMER COPY

June 9
EUT

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

WESTIN®

HOTELS & RESORTS

Salimah Walji

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 08-JUN-15 22:01
Depart Date : 09-JUN-15 12:41
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 23-JUN-15 08:44 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
08-JUN-15	[REDACTED]	Room Charge	172.00	
08-JUN-15	[REDACTED]	GST	8.86	
08-JUN-15	[REDACTED]	Destination Marketing Fee	5.16	
08-JUN-15	[REDACTED]	Tourism Levy	7.09	
09-JUN-15	[REDACTED]	Mastercard		-193.11
		** Total	193.11	-193.11
		*** Balance	0.00	

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Continued on the next page

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 Canada
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Salimah Walji

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 08-JUN-15 22:01
 Depart Date : 09-JUN-15 12:41
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
06-08-2015	172.00	8.86	7.09	0.00	0.00	5.16	193.11	0.00
06-09-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-193.11
	-----	-----	-----	-----	-----	-----	-----	-----
Total	172.00	8.86	7.09	0.00	0.00	5.16	193.11	-193.11

May 26
EIT +
Cmt mtgs

Tena Dubeau

From: Lou Decoste
Sent: June 16, 2015 8:25 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: June 15, 2015 7:46 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
May 25/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 15 2015 07:41PM
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 -

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May 25, 26, 27, 28

Tena Dubeau

From: Lou Decoste
Sent: June 16, 2015 8:25 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: June 15, 2015 7:47 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji [REDACTED]
May 28/2015
Westin>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 15 2015 07:44PM
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

June 9
BT

Tena Dubeau

From: Lou Decoste
Sent: June 19, 2015 8:13 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:████████████████████]
Sent: June 19, 2015 1:53 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
June 08/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	████████████████████
CARD NUM	████████████████████
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 01:50AM
REF NUM	████████████████████
AUTH CODE	████████████████████

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

June 9

Tena Dubeau

From: Lou Decoste
Sent: June 19, 2015 8:13 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: June 19, 2015 1:54 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
June 09/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 01:51AM
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

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: 1-Jun-16 To 30-Jun-15
 Travel Period from: _____ To _____
 Out-of-Province Travel

Name: Saimah Walji-Shivji Position (Title): General Counsel

Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ 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	71110550000	\$230.27						\$312.83		
2B	101	0005	71110550000	\$82.56								
2C												
2D												
				\$312.83								

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, the undersigned, have read and understand the Travel, Hospitality & Working Session Expense Claim (1129) of Alberta Health Services and certify that the expenses being claimed are in compliance with the policies and mandatory requirements of this policy.

I certify that the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by me or my behalf for Alberta Health Services or any other Organization.

I certify that all receipts submitted in this claim have been obtained using a valid effective method, the expenses are substantiated and supporting receipts are provided where applicable.

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

Employee Signature: [Signature] Date: July 27, 2015

I certify that I have read and understand all applicable policies of Alberta Health Services that relate to these expenses, and confirm my compliance with such policies.

I certify that 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 my behalf for Alberta Health Services or any other Organization.

I certify that all expenses submitted in this claim have been obtained using a valid effective method, the expenses are substantiated and supporting receipts are provided where applicable.

Approved By (PRINT ONLY): Vickie Kaminski DOFA Level _____ Position # _____ Phone # _____

Signature: [Signature] Title: President + CEO Date: July 31, 2015

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 23(1) of the Health Information Act (HIA) and sections 33(1) and 74(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 71110550000	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!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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												
				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								
28-May-15	Cab from Westin Hotel to SSP for OA Quality & Safety Advisory Committee Meeting	AB - Provinc	Meeting	Yes												
8-Jun-15	Cab from Home to Deloitte Calgary Office for conference and presentation	AB - Local	Meeting	Yes												
9-Jun-15	Attend ELT meeting at SSP in Edmonton	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80										
22-Jun-15	Travel downtown for meeting with outside counsel and then to SPTT/Cab from home to airport for ELT	AB - Provinc	Meeting	Yes											27.80	
23-Jun-15	ELT meeting at SSP in Edmonton	AB - Provinc	Meeting	YES	A-\$41.55	\$41.55										
24-Jun-15	Stay in Edmonton for June 25th Committee meetings	AB - Provinc	Meeting	Yes	A-\$41.55	\$41.55										
25-Jun-15	Committee Meetings and cab from hotel to SSP and travel from YYC to home	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80									12.00	
SUBTOTALS															Total Kms 39.80	
						\$124.70										\$85.47

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 <i>(see Mileage details to the left)</i>
	\$0.505
	Mileage \$ \$20.10
	Travel \$ Subtotal \$210.17
	Auto fills on page 1 - TOTAL TRAVEL \$ \$230.27

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)

Enter Finance Coding 101 0005 71110550000

Emp # (E-People) XXXXXXXXXX

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 XXXXXXXXXX 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?	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						
29-Jun-15	Attendance in Edmonton for June 30th ELT	AB - Provinc	Meeting	Yes	D-\$20.75	\$20.75								
30-Jun-15	Attendance to ELT and CFS meetings	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80								
20-Jun-15	Travel from home to South Health Campus for weekend patient meeting and back home.	AB - Local	Meeting	Yes										81.20
SUBTOTALS							\$41.55							Total Kms 81.20

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 \$ \$41.01

Travel \$ Subtotal \$41.55

Auto fills on page 1 - TOTAL TRAVEL \$ \$82.56

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)

EXPENSE CLAIM DETAILS

(1)

Westin → SSP

May 28

WESTIN CAB
2000 W. BOULEVARD NW
EDMONTON AB T6B 1G2
780 467-3456

Card # [REDACTED]
Exp. Date [REDACTED]
Card # [REDACTED]
6104900000000001010

APPROVED

Auth: 6.80
TIP: 1.36
TOT: 8.16

Ret: [REDACTED]
Auth: [REDACTED]
Exp: [REDACTED]
ID: [REDACTED]
TS: [REDACTED]

BOOK BY THE...
THANK YOU FOR YOUR BUSINESS
6 - 60040076

Date: 05/28/76 Time: 07:03:14
ResFunder: 010 074761

②

Home → Deloitte

June 8

③

Home → Y4C

June 22

④

Westin → SSP

June 25

THE CHECKER GROUP
CATEGORY: 08 128 100

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N 1G2
780-462-3456

Term Id: 45024124782223
Item
Visa
PURCHASE
Of Id: 18723A
Card #

AID: AD

APPROVED

AMOUNT CAD\$9.40
TIP CAD\$1.41
TOTAL CAD\$10.81

Ref. #
Auth. #
Resp. #
TUR: 40000000
TSI: F800

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

CSI 100403070

Date: 2015/06/25 Time: 00:00
Res: 01 AUTH 014221

*

*****OF Bank Copy*****
41.00



FLIGHTER ID: 319 805 507
VEHICLE ID: 4302651
VEHICLE ID: 0650
DRIVER ID: 4049
GST ACCOUNT # 05612675
TRIP NUMBER: [REDACTED]
PASSENGER: [REDACTED]
06/22/2015
START: 18:15
END: 19:41
DISTANCE: 117.00
RATE: 1
FARE AMOUNT: \$ 24.19
24.19
TAX AMOUNT: \$ 1.21
TIP AMOUNT: \$ 0.10

TOTAL \$ 25.50
CASH SAID: [REDACTED]
REMOVAL NUMBER: [REDACTED]
PASSENGER COPY

THANK YOU
403-923-9099
WWW.THECHECKERGROUP.COM



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 : Salimah Walji	Reporting Period for the Month of : Jun-15
-----------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-May-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on June 2 and return on June 2/15. ELT meeting. Flights cancelled and credit of \$318.96 issued (ticket # [REDACTED])	Marlin Travel	318.96
02-Jun-15	Direct Billing	Airline Ticket	Airline Ticket from Calgary to Edmonton on June 8 and return on June 9/15. ELT meeting (Air Canada credit used ticket [REDACTED])	Marlin Travel	105.00
09-Jun-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on June 15 and return on June 16/15. ELT meeting. Flights cancelled and credit of \$352.96 issued (ticket # [REDACTED])	Marlin Travel	352.96
16-Jun-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on June 22/15. ELT meeting.	Marlin Travel	191.48
17-Jun-15	Direct Billing	Airline Ticket	Airline ticket from Edmonton to Calgary on June 23/15. ELT meeting	Marlin Travel	181.48
17-Jun-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on June 24 and return on June 25/15. Human Resources Advisory Committee Meeting	Marlin Travel	372.96
19-Jun-15	Direct Billing	Airline Ticket	Flight changed on June 22 to later time.	Marlin Travel	60.00
22-Jun-15	Direct Billing	Airline Ticket	Flights cancelled for June 23. Credit issued.	Marlin Travel	(181.48)
25-Jun-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on June 29 and return on June 30/15. ELT Meeting	Marlin Travel	372.96
Total Paid in the Month					\$ 1,774.32

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP INC
MAIN FLOOR, 9929 108111 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: May 20, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS SALIMAH WALJI
AC [REDACTED]
WS [REDACTED]

Tuesday, June 2, 2015

✈ Air

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

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

Mile(s) Flown: 163

✈ Air

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

Flight: 8153 G CLASS
06:00 PM Equipment: D11
06:52 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] -TKT [REDACTED]	[REDACTED]	244.00
	Tax:	74.96
	Ticket Total:	318.96

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

Total:

Grand Total:	318.96
Less Credit Card Payments:	318.96
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
1 888 742 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.MARINTRAVEL.CA

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP 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 2, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MRS SALIMAH WALJI

AC [REDACTED]
WS [REDACTED]

Monday, June 8, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 08Jun15
Seat(s): 04D
AIR CANADA E

Flight: 8160 V CLASS
08:30 PM Equipment: DH4
09:20 PM

Mile(s) Flown: 163

Tuesday, June 9, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 09Jun15
Seat(s): 06D
AIR CANADA F

Flight: 8151 G CLASS
04:00 PM Equipment: CRJ JE1
04:52 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT EXCHANGED [REDACTED]

105.00

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

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

INVOICE

Total:

Grand Total:	105.00
Less Credit Card Payments:	105.00
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
GTRMM11506 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 2FC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP 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 9, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS SALIMAH WALIH
AC [REDACTED]
WS [REDACTED]

Monday, June 15, 2015


 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 15Jun15
AIR CANADA E
AIR CANADA CO [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 30

Flight: 8138 G CLASS
10:30 AM Equipment: D8 (300 SERIES)
11:22 AM

Mile(s) Flown: 163

Tuesday, June 16, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 16Jun15
AIR CANADA E
AIR CANADA CO [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 20

Flight: 8149 G CLASS
03:00 PM Equipment: D8 (300 SERIES)
03:54 PM

Mile(s) Flown: 163

Cost:
AIR CANADA WLB [REDACTED]

[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:
Date:
Page:
Our Reference:

[REDACTED]
June 9, 2015
2/2
[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
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA

MARLIN TRAVEL
 O-O PERCY HUNT TRAVEL GROUP INC
 MAIN FLOOR, 9929 108111 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 16, 2015
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For
 MRS SALIMAH WALIH
 AC [REDACTED]
 WS [REDACTED]

Monday, June 22, 2015

Air

AIR CANADA
 From: CALGARY AB
 To: EDMONTON INTL AB
 Stops: 0 Arrival: 22 Jun 15
 Seat(s): 05C
 AIR CANADA E

Flight: 8138 W CLASS
 10:30 AM Equipment: D8 (300 SEATS)
 11:22 AM

Mile(s) Flown: 163

Cost:	[REDACTED]	154.00
TKT: [REDACTED] E-TKT	[REDACTED]	
	Tax:	37.48
Total:	Ticket Total:	191.48
	Grand Total:	191.48
	Less Credit Card Payments:	191.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

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

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP INC
MAIN FLOOR, 9929 168TH 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 3F4

Invoice Number:
Date: June 17, 2015
Page: 1/3
Our Reference:

INVOICE

For

MRS SALIMAH WALJI

AC
WS

Monday, June 22, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 22Jun15

Seat(s): 05C

AIR CANADA E

Flight: 8138 W CLASS
10:30 AM Equipment: D8 (300 SEATS)
11:22 AM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: June 17, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Tuesday, June 23, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 23Jun15

Flight: 8151 W CLASS
04:00 PM Equipment: CRJJET
04:51 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATIC [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 60

Cost:

AIR CANADA W [REDACTED] 144.00
Tax: 37.48
Ticket Total: 181.48

Total:

Grand Total: 181.48
Less Credit Card Payments: 181.48
Credit / Balance Due To This Invoice: 0.00
Total Previous Payments: 191.48
Total Charges Previous Invoices: 191.48
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
GTRNIM 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
1 303 861 2147 PLEASE QUOTE ACCESS CODE 2ECC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARRINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP 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 17, 2015
Page: 13
Our Reference: [REDACTED]

INVOICE

For
MRS SALINAH WALIJI
AC [REDACTED]
WS [REDACTED]

Wednesday, June 24, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 24Jun15

Flight: 8225 W/CLASS
06:00 PM Equipment: CRJ-900
06:48 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA TIR [REDACTED]
TICKET NUMBER [REDACTED]
SEAT ID [REDACTED]

Thursday, June 25, 2015

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 S1
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 17, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Thursday, June 25, 2015

Air

AIR CANADA Flight: 8149 V CLASS
From: EDMONTON INTL AB 03:00 PM Equipment: D8 (300 SERH S)
To: CALGARY AB 03:54 PM Mile(s) Flown: 163
Stops: 0 Arrival: 25Jun15

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

THE HOTEL IS GUARANTEED FOR A LATE ARRIVAL. PLEASE CANCEL BEFORE 4PM TO AVOID CHARGES IF ROOM NOT NEEDED.

Cost:

AIR CANADA [REDACTED] 298.00
Tax: 74.96
Ticket Total: 372.96

Total:

Grand Total: 372.96
Less Credit Card Payments: 372.96
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
GERMM 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 21 CD
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP 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 19, 2015
Page: 12
Our Reference: [REDACTED]

INVOICE

For [REDACTED]

MRS SALIMAH WALJI
AC [REDACTED]
WS [REDACTED]

Monday, June 22, 2015

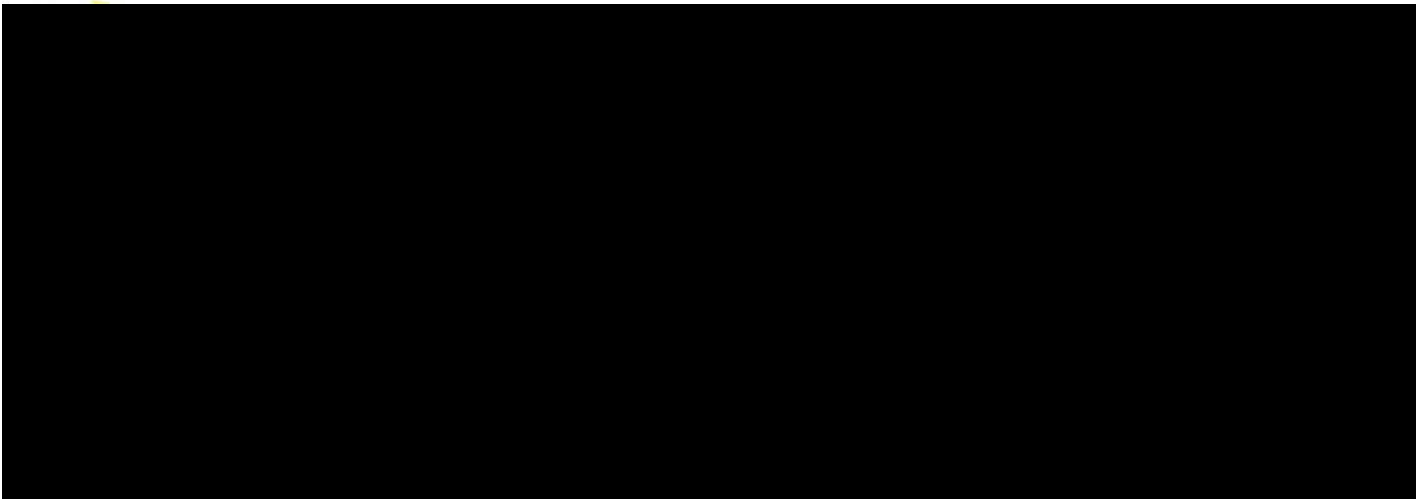
 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 22Jun15

Flight: 8160 V CLASS
08:30 PM Equipment: DH4
09:20 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION: [REDACTED]
TICKET NUMBER: [REDACTED]
SEAT 50 [REDACTED]



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

Invoice Number: [REDACTED]
Date: June 19, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, June 25, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8149 Y CLASS
To: CALGARY AB 03:00 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 25Jun15 03:54 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA COMPLETION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D
THE HOTEL IS GUARANTEED FOR A LATE ARRIVAL. PLEASE CANCEL
BEFORE 4PM TO AVOID CHARGES IF ROOM NOT NEEDED.

Cost:	
AIR CANADA WEB [REDACTED]	50.00
AIR CANADA WEB [REDACTED]	10.00
Total:	

Grand Total:	60.00
Less Credit Card Payments:	60.00
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 21C0
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#: [REDACTED]

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 19, 2015

Page: 1/3

Our Reference: [REDACTED]

INVOICE

For

MRS SALIMAH WALJI

AC [REDACTED]

WS [REDACTED]

Monday, June 22, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 22Jun15

Seat(s): 05C

AIR CANADA E

Flight: 8138

W CLASS

10:30 AM Equipment: D8 (300 SERIES)

11:22 AM

Mile(s) Flown: 163

Tuesday, June 23, 2015

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

Invoice Number: [REDACTED]
Date: June 19, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Tuesday, June 23, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 23Jun15

Flight: 8151 W CLASS
04:00 PM Equipment: CRJ JET
04:51 PM

Mile(s) Flown: 163

AIR CANADA E [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

Cost:

AIR CANADA V [REDACTED]	[REDACTED]	-144.00
	Tax:	-37.48
	Ticket Total:	-181.48

Total:

Grand Total:	-181.48
Less Credit Card Payments:	-181.48
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	372.96
Total Charges Previous Invoices:	372.96
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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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 HUNN TRAVEL GROUP 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 25, 2015
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MRS SALIMAH WAHID
AC [REDACTED]
WS [REDACTED]

Monday, June 29, 2015

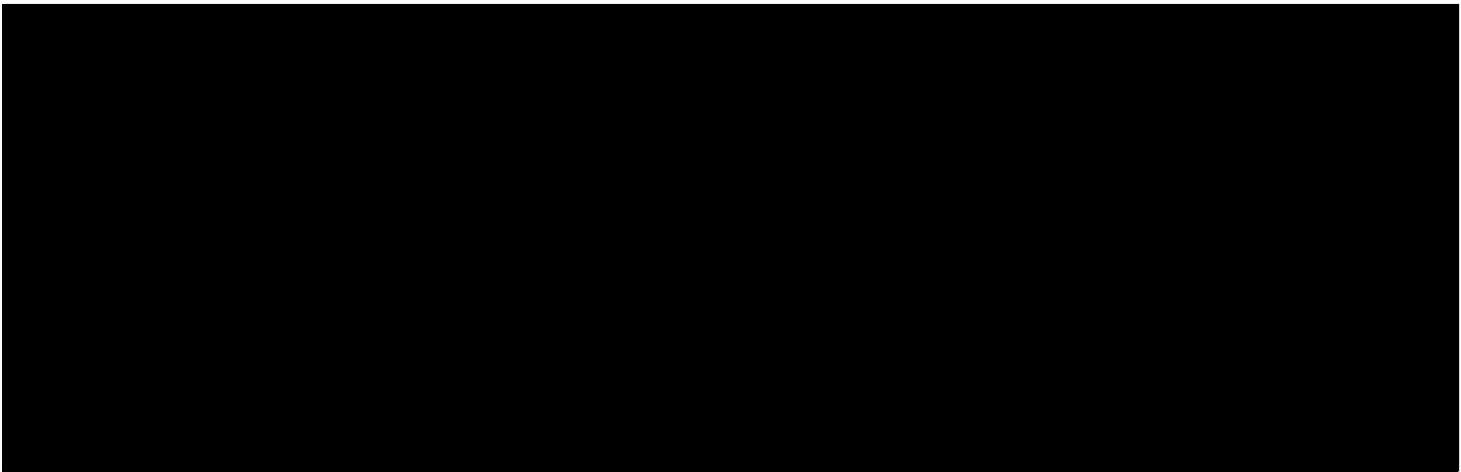
 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 29Jun15

Flight: 8150 V CLASS
04:00 PM Equipment: DH14
04:50 PM

Mile(s) Flown: 163

AIR CANADA
AIR CANADA EDMONTON [REDACTED]
TICKET NUMBER 014 [REDACTED]
SEAT 20 [REDACTED]



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

Invoice Number: [REDACTED]
 Date: June 25, 2015
 Page: 2/2
 Our Reference: [REDACTED]

INVOICE

Tuesday, June 30, 2015

✈ Air

AIR CANADA
 From: EDMONTON INTL AB
 To: CALGARY AB
 Stops: 0 Arrival: 30Jun15

Flight: 8151 W CLASS
 04:00 PM Equipment: CRJ JET
 04:51 PM

Mile(s) Flown: 163

AIR CANADA # [REDACTED]
 AIR CANADA CONTRACT # [REDACTED]
 TICKET NUMBER [REDACTED]
 SEAT [REDACTED]

Cost:

AIR CANADA	[REDACTED]	[REDACTED]	298.00
		Tax:	74.96
		Ticket Total:	372.96
AIR CANADA	[REDACTED]	[REDACTED]	-298.00
		Tax:	-74.96
		Ticket Total:	-372.96
AIR CANADA	[REDACTED]	[REDACTED]	298.00
		Tax:	74.96
		Ticket Total:	372.96

Total:

Grand Total:	372.96
Less Credit Card Payments:	372.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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