

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings			966	486	1,452			
Jul-15	Expense Claim	Meetings		169		93	262			
Jul-15	Direct Billing	Meetings	1,408				1,408			
Total			\$ 1,408	\$ 169	\$ 966	\$ 579	\$ 3,122	\$ -	\$ -	\$ -

Total for the Month \$ 3,122

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 172
 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-SHVJI, SALIMAH</u> Cardholder's Name	<u>GENERAL COUNSEL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2015</u>
<u>LEGAL & PRIVACY</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	\$1,468.39 \$1,451.55
<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
1. 18/06/2015	394223331	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	45.80	CAD	45.80	2.17		00 Downtown (Deloitte Conference) to airport for ELT June 8
2. 18/06/2015	394223332	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	32.90	CAD	32.90	1.57		00 Taxi from YYC to home June 8
3. 19/06/2015	394223333	AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	11.25	CAD	11.25	.54		Meeting with ACH Foundation
4. 29/06/2015	394777263	THE WESTIN EDMONTON, WESTIN HOTELS	579.33	CAD	579.33	36.12		00 Hotel stay for 3 nights to attend ELT and Committee meetings June 22, 23, 24 and 25
5. 29/06/2015	395251867	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	32.30	CAD	32.30	1.54		00 Cab from YYC to home June 25
6. 01/07/2015	395251858	THE WESTIN EDMONTON, WESTIN HOTELS	193.11	CAD	193.11	36.12		00 Hotel stay for June 30th ELT
7. 02/07/2015	395441757	AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43		End of life meeting with hospital staff at ACH July 2
8. 07/07/2015	395955444	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	29.40	CAD	29.40	1.41		00 Cab from home to YYC for June 30 ELT
9. 07/07/2015	395955445	AHS FMC PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	11.25	CAD	11.25	.54		Participation at FMC pancake breakfast July 7
10. 08/07/2015	395955441	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transport from YEG to Hotel on June 22
11. 08/07/2015	395955442	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transport from YEG to Hotel June 29
12. 08/07/2015	395955443	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation for BH, BWS and FB from SSP to YEG June 30
13. 09/07/2015	396155828	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	33.50	CAD	33.50	1.60		00 Cab from YYC to home June 30
14. 10/07/2015	396320330	AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43		Participation at ACH Pancake breakfast July 10
15. 15/07/2015	396565399	THE WESTIN EDMONTON, WESTIN HOTELS	216.95	CAD	216.95	36.12		00 Hotel stay July 13 - 3rd interview for procurement lawyer
16. 16/07/2015	396565399	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	33.30	CAD	33.30	1.59		00 Transportation from YYC to home July 14 (3rd interview for procurement lawyer)
16. 16/07/2015	396565871	AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	8.75	CAD	8.75	.32		End of life meeting with staff at ACH July 16

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/06/2015	394346302	AHS PARKING SOUTH HEAL, HEALTH PRACTITIONERS, MEDICAL SERVICES	9.00	CAD	9.00	.43		Patent meeting at SMC July 20
15/07/2015	396066870	AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	6.75	CAD	6.75	.32		End of life meeting with staff at ACH July 15

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. 		
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. 		
WALJI-SHIVJI KALIMAH Name of Cardholder _____	GENERAL COUNSEL Cardholder Position/Title _____	
Signature of Cardholder _____	Date of Signature <u>July 30/2015</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. 		
Sarvada Prasadik Name of Approver Designate _____	Executive Associate Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature <u>08/10/15</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. 		
Nickie Kaminski Name of Approver _____	President & CEO Approver Position/Title _____	
Signature of Approver _____	Date of Signature <u>Aug 11, 2015</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 • 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

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/08
PICK-UP TIME: 18:59
DROP-OFF TIME: 19:21
TRIP ID: 0
LOCATION: 873888-45824183787
CAR NUMBER: 1533
DRIVER: 891818
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 41.68
EXTRA (\$): 0.00
SUBTTL (\$): 41.68

TIP (\$): 4-

TOTAL (\$): 45.68

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

ASSOCIATEDCAB.COM

②

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/09
PICK UP TIME: 18:00
DROP OFF TIME: 18:20
TRIP ID: 0
LOCATION: 873888-45824183787
CAR NUMBER: 1321
DRIVER: 947188
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 28.98
EXTRA (\$): 0.00
SUBTTL (\$): 28.98

TIP (\$): 3-

TOTAL (\$): 32.98

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

ASSOCIATEDCAB.COM

③

RECEIPT

Alberta Health
Services
ACH Lot 1

RECEIPT AB
ENTRY TIME: 19.06.15 08:44
EXIT TIME: 19.06.15 11:12
PARK-DUR.: HRS:MIN
0:02:28

AMOUNT: 11.25
KIND OF PAYMENT:
MASTER CARD



4

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

WESTIN[®]

HOTELS & RESORTS

Salimah Walji
Alberta Health Services

[Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 22-JUN-15 15.52
Depart Date : 25-JUN-15 11.47
No. Of Guest : [Redacted]
Room Number : [Redacted]
Club Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 25-JUN-15 11.50 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
22-JUN-15	[Redacted]	Room Charge	172.00	
22-JUN-15	[Redacted]	GST	8.86	
22-JUN-15	[Redacted]	Destination Marketing Fee	5.16	
22-JUN-15	[Redacted]	Tourism Levy	7.09	
23-JUN-15	[Redacted]	Room Charge	172.00	
23-JUN-15	[Redacted]	GST	8.86	
23-JUN-15	[Redacted]	Destination Marketing Fee	5.16	
23-JUN-15	[Redacted]	Tourism Levy	7.09	
24-JUN-15	[Redacted]	Room Charge	172.00	
24-JUN-15	[Redacted]	GST	8.86	
24-JUN-15	[Redacted]	Destination Marketing Fee	5.16	
24-JUN-15	[Redacted]	Tourism Levy	7.09	
25-JUN-15	[Redacted]	Mastercard		-579.33
		** Total	579.33	-579.33
		*** Balance	0.00	

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Continued on the next page

6

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

WESTIN[®]

HOTELS & RESORTS

Ms. Salimah Wali



Page Number : [Redacted] Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 29-JUN-15 17:38
Depart Date : 30-JUN-15 12:00
No. Of Guest : 1
Room Number : [Redacted]
Club Account : [Redacted]

Information Invoice

Tax ID : 815461330RT0001 [Redacted]
The Westin Edmonton 30-JUN-15 03:3 [Redacted]

Date	Description	Charges (CAD)	Credits (CAD)
29-JUN-15	Room Charge	172.00	
29-JUN-15	GST	5.86	
29-JUN-15	Destination Marketing Fee	5.16	
29-JUN-15	Tourism Levy	7.09	
30-JUN-15	Mastercard		-193.11
	** Total	193.11	-193.11
	*** Balance	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 298-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/25
PICK-UP TIME: 16:07
DROP-OFF TIME: 16:25
TRIP ID: 0
LOCATION: 073000-45824103707
CAR NUMBER: 1537
DRIVER: 824877-4582410.17
CARD TYPE: MC
CARD:
EXPIRY:
AUTH:

FARE (\$): 29.30
EXTRA (\$): 0.00
SUBTTL (\$): 29.30

TIP (\$):

3-

TOTAL (\$):

32.30

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

RECEIPT

Alberta Health
Services
ACH Lot 1

RECEIPT A8
ENTRY TIME: 02.07.15 11:44
EXIT TIME: 02.07.15 13:20
PARK-DUR.: HRS:MIN
0:01:36

AMOUNT:
9.00
KIND OF PAYMENT:
MASTER CARD



INSIST ON THE PROFESSIONALS

DATE: 2015/06/29
PICK UP TIME: 14:32
DROP OFF TIME: 14:52
TRIP ID: 78851
LOCATION: 073000-45824103707
CAR NUMBER: 8543
DRIVER: 593918
CARD TYPE: MC
CARD:
EXPIRY:
AUTH:

FARE (\$): 20.00
EXTRA (\$): 0.00
SUBTTL (\$): 20.00

TIP (\$):

3-

TOTAL (\$):

29.40

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER COPY

RECEIPT

Alberta Health
Services
FMC Lot 1

RECEIPT A2
ENTRY TIME: 27.07.15 06:41
EXIT TIME: 27.07.15 08:58
PARK-DUR.: HRS:MIN
0:02:17

AMOUNT:
11.05
KIND OF PAYMENT:
MASTER CARD



9

(10)

Tena Dubeau

From: tobias tobias [REDACTED]
Sent: July 22, 2015
To: Tena Dubeau
Subject: Fwd: Transaction Receipt - Do Not Reply

----- Forwarded message -----

From: tobias tobias <[REDACTED]>
Date: Wed, Jul 8, 2015 at 2:11 AM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: Lou Decoste <Lou.Decoste@albertahealthservices.ca>

Salimah Walji
June 22/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jul 8 2015 02:07AM
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

(11)

Tena Dubeau

From: tobias tobias [REDACTED]
Sent: July 22, 2015 11:17 AM
To: Tena Dubeau
Subject: Fwd: Transaction Receipt - Do Not Reply

----- Forwarded message -----

From: tobias tobias [REDACTED]
Date: Wed, Jul 8, 2015 at 2:11 AM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: Lou Decoste <Lou.Decoste@albertahealthservices.ca>

Salimah Walji
June 29/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jul 8 2015 02:08AM
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

(12)

Tena Dubeau

From: tobias tobias [REDACTED]
Sent: July 22, 2015 11:17 AM
To: Tena Dubeau
Subject: Fwd: Transaction Receipt - Do Not Reply

----- Forwarded message -----

From: tobias tobias [REDACTED]
Date: Wed, Jul 8, 2015 at 2:12 AM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: Lou Decoste <Lou.Decoste@albertahealthservices.ca>

Salimah Walji & Brenda Huband & Dr.Belanger
June 30/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jul 8 2015 02:09AM
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 -

(13)

307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/30
PICK-UP TIME: 18:13
DROP-OFF TIME: 18:31
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 050
DRIVER: 504663
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 29.50
EXTRA (\$): 0.00
SUBTTL (\$): 29.50

TIP (\$): 4.00
TOTAL (\$): 33.50

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
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(14)

RECEIPT

Alberta Health
Services
ACH Lot 1
RECEIPT A8
ENTRY TIME:
10.07.15 07:14
EXIT TIME:
10.07.15 09:01
PARK-DUR.: HRS:MIN
0:01:47


AMOUNT:
9.00
KIND OF PAYMENT:
MASTER CARD

Alberta Health
Services
Calgary Health Region

(17)

RECEIPT

Alberta Health
Services
ACH Lot 1
RECEIPT A9
ENTRY TIME:
16.07.15 08:43
EXIT TIME:
16.07.15 12:06
PARK-DUR.: HRS:MIN
0:01:23

AMOUNT:
6.75
KIND OF PAYMENT:
MASTER CARD

Alberta Health
Services
Calgary Health Region

15

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

WESTIN®

HOTELS & RESORTS

Ms. Salimah Walji
[Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 13-JUL-15 16:38
Depart Date : 14-JUL-15 10:33
No. Of Guest : 1
Room Number : [Redacted]
Club Account : [Redacted]

Copy Tax Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 22-JUL-15 11:55 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-JUL-15	[Redacted]	In Room [Redacted]	16.99	
13-JUL-15	[Redacted]	Tax GST	0.85	
13-JUL-15	[Redacted]	Room Charge	172.00	
13-JUL-15	[Redacted]	GST	8.56	
13-JUL-15	[Redacted]	Destination Marketing Fee	5.16	
13-JUL-15	[Redacted]	Tourism Levy	7.09	
14-JUL-15	[Redacted]	Mastercard		-210.95
		** Total	210.95	-210.95
		*** Balance	0.00	


*To be refunded -
cheque
attached*

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Continued on the next page

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INSIST ON THE PROFESSIONALS

16

DATE: 2015/07/14
PICK-UP TIME: 16:17
DROP-OFF TIME: 16:34
TRIP ID: 8
LOCATION: 873888-45824183787
CAR NUMBER: 8545
DRIVER: 098176
CARD TYPE: MC
CARD: 
EXPIRY:
AUTH:

FARE (\$): 29.38
EXTRA (\$): 8.88
SUBTTL (\$): 29.38

TIP (\$): 4

TOTAL (\$): 33.30

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Written Attestation for Lost Receipts

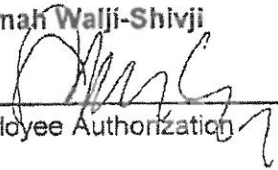
July 23, 2015

AHS Parking – South Health Centre – June 20th \$9.00

AHS Parking – July 15th \$6.75 *TD*

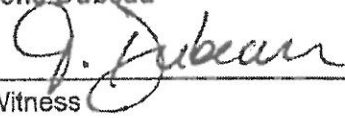
- The above itemized original receipts have been misplaced
- The expenses were incurred and related to AHS business
- The expenses has not been previously claimed

Salimah Walji-Shivji



Employee Authorization

Tena Dubeau



Witness

Date Signed: 06. AUG. 2015

Date Signed: Aug. 6/2015

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-Jul-15 To 31-Jul-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Salimah Wajji-Shivji Position (Title): General Counsel

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

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY -> Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					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	\$201.21						\$262.02		
2B	101	0005	71110550000	\$60.81								
2C												
2D												
				\$262.02							TOTAL CLAIM	\$262.02

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

**User to enter Coding & \$ Amounts

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

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

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

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

Employee Signature: [Signature] Date: AUG 14/2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

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

Signature: [Signature] Title: _____ Date: AUG 24, 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

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 10(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10050-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0005 71110550000	Emp # (E-People)	0050414	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 = Inlet)
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-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal) why travel was necessary and detailed explanation of reason) A descriptor 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 Allowanc e	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
30-Jun-15	Cab from Westin Hotel to SSP for Executive Leadership Meeting	AB - Provinc	Meeting	Yes											
13-Jul-15	Attendance to ELT on July 14th	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35									
14-Jul-15	E.T Meeting - July 14th	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80									
17-Jul-15	Attendance to Lab meeting with OA in Edmonton	AB - Local	Meeting	Yes	B-\$9.20	\$9.20									
20-Jul-15	Attendance for ELT meeting July 21	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35									
21-Jul-15	Cab from hotel to SSP for ELT meeting July 21	AB Provinc	Meeting	Yes	BL-\$20.80	\$20.80									
27-Jul-15	Cab from home to YYC for July 28 ELT meeting in Edmonton	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35									
27-Jul-15	Cab from Legislature Building to hotel (Meeting with Minister)	AB - Provinc	Meeting	Yes											
SUBTOTALS						\$147.65					\$53.36				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 \$

Note: Total will auto fill into pg 1, Section E, if form completed electronically- Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$201.21

Auto fills on page 1 - TOTAL TRAVEL \$ 201.21

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)

- CA of 3 -

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES

Emp # (E-People) [REDACTED]

Page 3

Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.

if you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-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							
5. 25-Jul-15	Cab from hotel to SCP for ELT meeting and attendance on July 18th	AB - Provinc	Meeting	Yes	Bl-\$20.80	\$20.80									
6. 24-Jul-15	Parking downtown for meeting with outside counsel	AB - Provinc	Meeting	Yes								\$31.50			
SUBTOTALS						\$20.80					\$8.51	\$31.50			Total Kms

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 Rates applicable \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

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

Mileage \$ _____

Travel \$ Subtotal \$60.81

Auto fills on page 1 - TOTAL TRAVEL \$ \$60.81

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)

- 2B of 3 -

EXPENSE CLAIM DETAILS

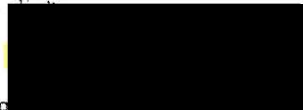
Enter Finance Coding		Emp # (E-People)		Page 2C					
<p>If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.</p>									
SECTION B: TRAVEL EXPENSES									
<p>NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</p> <p>Select from dropdown (column Prov) where expenses were incurred (Out of N America = Int'l) Ensure separate lines are used for claim items that differ in province, US and Out of North America.</p>									
<p>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</p>									
Date	Business Reason for Travel - Detailed Description Required	Prov, US, or Out of	What is travel	Cost	Meal (Allowance OR Receipt)	If amount being claimed is above the policy limit stated in Appendix "A"	Rental	Per Diem	Mileage

①

Westin → SSP

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
788-462-3456

Term Id: 4582412478289
I Len #: 1221
Credit



APPROVED

TAX AMOUNT: \$ 1.18
TIP AMOUNT: \$ 3.72
TOTAL: CAD \$ 7.82

7.82

2015

EDMONTON, AB
10135 31 AVENUE NW



Time: 08:58:51

NR COPY***

JUNE 30th

#6

INSERT
THIS END UP

BANKER'S MALL
CALGARY AB
RECEIPT A1
IN: 24/07/15 11:46
OUT: 24/07/15 14:07
PAID: \$ 31.50
VISA

REF. 47
GST No. 887515638RT00
GST INCLUDED



#2

Home → YVC

316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 314-651-489
MERCHANT ID: 43276504
VEHICLE ID: 0696
DRIVER ID: 4979
GST ACCOUNT #: 859138114
TRIP NUMBER: 3944583
PASSENGERS: 1

07-27-2015
START: 08:52
DURATION: 0:00
END: 08:52
RATE: 1

TAX AMOUNT: \$ 23.62

TAX AMOUNT: \$ 1.18
TIP AMOUNT: \$ 3.72

TOTAL: \$ 28.52

VISA SALE: [Redacted]
APPROVAL NUMBER: [Redacted]

PASSENGER COPY

THANK YOU
14831293 3308
WWW.THECHECKERGROUP.COM



#4

leg → Westin

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
788-462-3456

Term Id: 45824124782561
I Len #: 0642
Visa Credit
PURCHASE
Op Id: [Redacted]
Card #: [Redacted]

AID: A0000000031010

APPROVED

AMOUNT: CAD \$ 8.00
TIP: CAD \$ 1.20

TOTAL: CAD \$ 9.20

Ref. #: [Redacted]
Auth. #: [Redacted]
Resp. Code: 00
TUR: 488000000
TSI: F800

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

GST 100403078

Date: 2015/07/27 Time: 14:58:53
Response: AUTH [Redacted]

CUSTOMER COPY

#2

WESTIN → SSP

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

Term Id: 45824124782233
Item #: 1458
Visa Credit
PURCHASE
Of Id: [REDACTED]
Card [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT	CAD\$6.80
TIP	CAD\$1.02
=====	
TOTAL	CAD\$7.82

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TUR: 4080000000
TST: F800

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

051 100403070

Date: 2015/07/21 Time: 08:39:29
Response: AUTH [REDACTED]

CUSTOMER COPY

#5

WESTIN → SSP

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

Term Id: 45824124782233
Item #: 1458
Visa Credit
PURCHASE
Of Id: 48275
Card [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT	CAD\$7.40
TIP	CAD\$1.11
=====	
TOTAL	CAD\$8.51

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. C [REDACTED]
TUR: 4080000000
TST: F800

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

051 100403070

Date: 2015/07/21 Time: 08:11:19
Response: AUTH [REDACTED]

CUSTOMER COPY

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 : Jul-15
-----------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Jul-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on July 13 and return on July 14/15. ELT meeting. (Air Canada credit used-ticket # [REDACTED])	Marlin Travel	210.00
14-Jul-15	Direct Billing	Airline Ticket	Airline Ticket from Calgary to Edmonton on July 17 and return on July 17/15. Meeting with CEO and Minister.	Marlin Travel	382.96
16-Jul-15	Direct Billing	Airline Ticket	Airline Ticket from Calgary to Edmonton on July 20 and return on July 21/15. ELT meeting. (Air Canada credit used-ticke [REDACTED])	Marlin Travel	130.00
24-Jul-15	Direct Billing	Airline Ticket	Airline Ticket from Calgary to Edmonton on July 27 and return on July 28/15. ELT meeting. (Air Canada credit used-ticket [REDACTED])	Marlin Travel	256.48
29-Jul-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on August 3 and return August 4/15. ELT meeting.	Marlin Travel	428.96
Total Paid in the Month					\$ 1,408.40

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: July 8, 2015

Page: 1/2

Our Reference: [REDACTED]

INVOICE

For

MRS SALIMAH WALJI

AC [REDACTED]
WS [REDACTED]

Monday, July 13, 2015

✈️ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 13Jul15

Seat(s): 04D

AIR CANADA E

Flight: 8138

U CLASS

10:30 AM Equipment: D8 (300 SERIES)

11:22 AM

Mile(s) Flown: 163

Tuesday, July 14, 2015

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

Invoice Number: [REDACTED]
Date: July 8, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, July 14, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8151 W CLASS
To: CALGARY AB 04:00 PM Equipment: CRJ JET
Stops: 0 Arrival: 14Jul15 04:51 PM Mile(s) Flown: 163
Seat(s): 05C
AIR CANADA E

Cost:
TKT- [REDACTED] TKT EXCHANGED [REDACTED] 210.00
Total: [REDACTED]

Grand Total: 210.00
Less Credit Card Payments: 210.00
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: July 14, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MRS SALIMAH WALI
AC [REDACTED]
WS [REDACTED]

Friday, July 17, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 17Jul15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13D

Flight: 8134 V CLASS
08:30 AM **Equipment:** CRA
09:15 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 17Jul15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D

Flight: 8151 V CLASS
04:00 PM **Equipment:** CRJ JET
04:51 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED]

Tax: 74.96
Ticket Total: 382.96

308.00

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: July 16, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

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

Monday, July 20, 2015

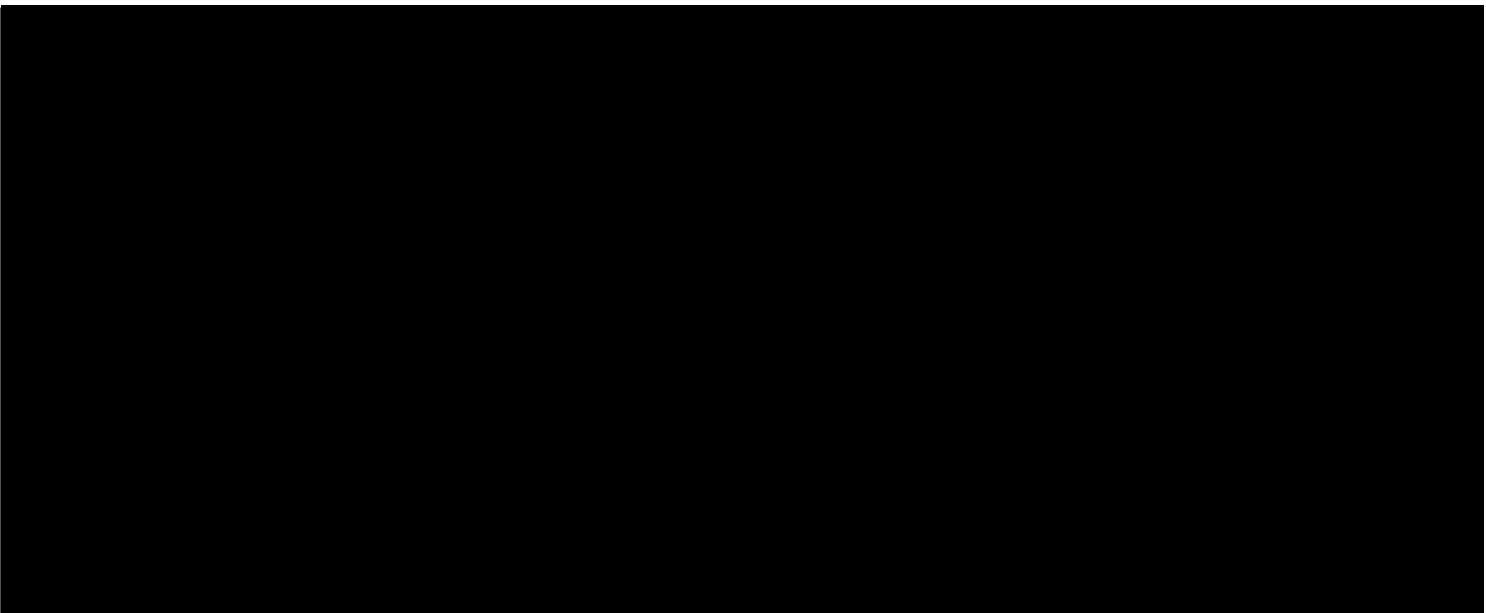
 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 20Jul15

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

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D [REDACTED]



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

Invoice Number: [REDACTED]
Date: July 16, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, July 21, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 21Jul15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 6C

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

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED] 130.00

Total:

Grand Total:	130.00
Less Credit Card Payments:	130.00
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: ALBE [REDACTED]
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number [REDACTED]

Date: July 24, 2015

Page: 1/2

Our Reference: [REDACTED]

INVOICE

For

MRS SALIMAH WALJI

AC [REDACTED]
WS [REDACTED]

Monday, July 27, 2015

 **Air**

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

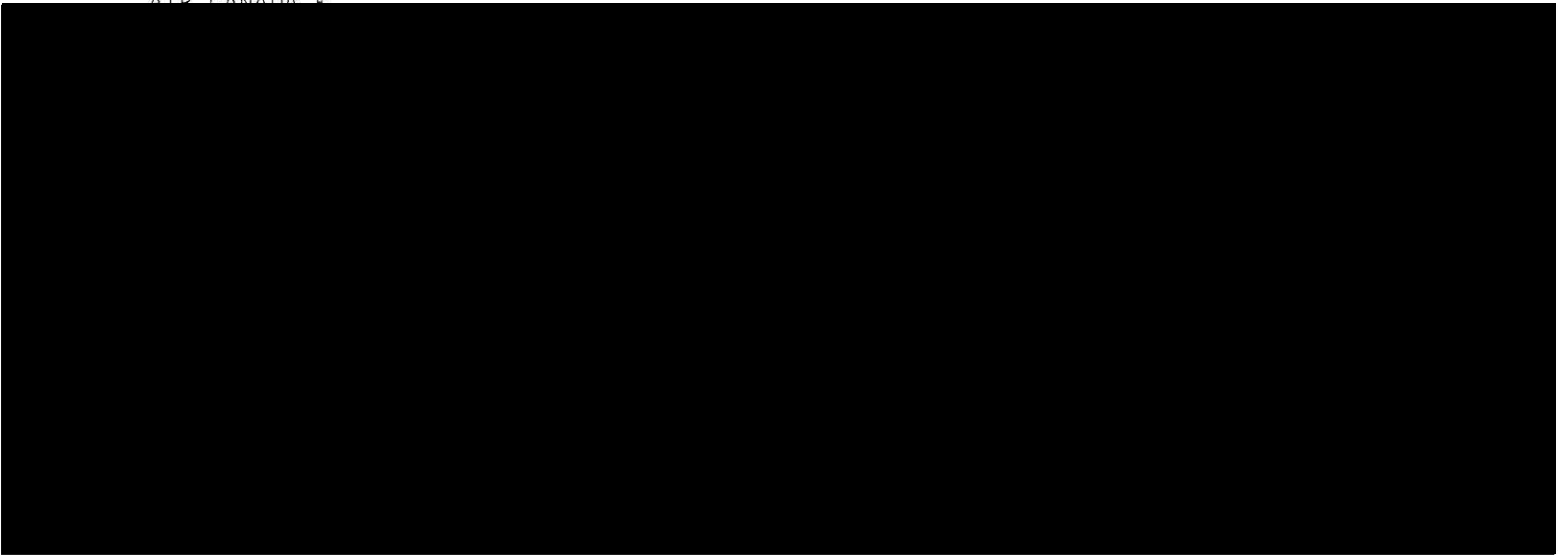
Stops: 0 Arrival: 27Jul15

Seat(s): 06D

AIR CANADA F

Flight: 8150 V CLASS
04:00 PM Equipment: CRJ JET
04:49 PM

Mile(s) Flown: 163



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

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

INVOICE

Tuesday, July 28, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 28Jul15
Seat(s): 05C
AIR CANADA E

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

Mile(s) Flown: 163

Cost:

TKT-[REDACTED] E-TKT EXCHANGED [REDACTED]	219.00
	37.48
Ticket Total:	256.48

Total:

Grand Total:	256.48
Less Credit Card Payments:	256.48
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.....
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
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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: ALBER

SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

July 29, 2015

1/2

INVOICE

For

MRS SALIMAH WALJI

AC

WS

Monday, August 3, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 03Aug15

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 5C

Flight: 8225 U CLASS
06:00 PM Equipment: CRJ JET
06:49 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: July 29, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, August 4, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Aug15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5C

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

Mile(s) Flown: 163

Cost:

AIR CANADA W [REDACTED]	[REDACTED]	354.00
	Tax:	74.96
	Ticket Total:	428.96

Total:

	Grand Total:	428.96
	Less Credit Card Payments:	428.96
	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.