

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings			1,607	931	2,538			
Sep-15	Expense Claim	Meetings		178		227	405			
Sep-15	Direct Billing	Meetings	1,392				1,392			
Total			\$ 1,392	\$ 178	\$ 1,607	\$ 1,158	\$ 4,335	\$ -	\$ -	\$ -

Total for the Month \$ 4,335

Maximum daily single meal expense claimed in the month	\$ 21
Maximum daily base hotel rate claimed in the month	\$ 159
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

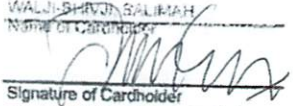
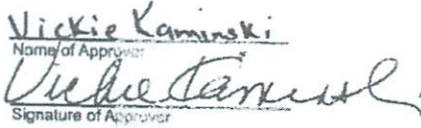
Instruction:

- 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

WALJI-SHIVJI, SALIMAH <u>Cardholder's Name</u>	GENERAL COUNSEL <u>Cardholder's Position/Title</u>	Billing Reporting Period: <u>20/09/2015</u>
LEGAL & PRIVACY <u>Cardholder's Dept</u>	SOUTHPORT TOWER <u>Cardholder's Site/Location</u>	Total Statement Amount: <u>\$2,537.79</u>
SALIMAH.WALJI@ALBERTAHEALTHSERVICES.CA <u>Cardholder's e-mail address</u>	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
20/08/2015	400375151	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to SSP July 20 (ELT July 21)
20/08/2015	400375152	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG July 21 (ELT Jul 21)
20/08/2015	400375153	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to hotel on July 27 (Meeting with Minister Jul 27 and ELT Jul 28)
20/08/2015	400375154	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG July 28 (Jul 27 Meeting with Minister and ELT Jul 28)
20/08/2015	400375155	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to Hotel Aug 3 (ELT Aug 4)
20/08/2015	400375156	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG Aug 4 (ELT)
20/08/2015	400375157	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to SSP Aug 10 (ELT, Committee Meetings and Lab)
20/08/2015	400375158	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG Aug 13 (Aug 11 ELT, Aug 12 Committee Meeting, Aug 13 Lab)
20/08/2015	400375159	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to hotel Aug 17 (CFS and Committee meetings Aug 18-19)
20/08/2015	400375160	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG Aug 19 (Aug 18th Meeting with CFS and Finance/Audit & Risk Committee Aug 19 in Edmonton)
20/08/2015	400375161	THE WESTIN EDMONTON, WESTIN HOTELS	357.02	CAD	357.02	66.78	.00	Hotel stay for 2 nights to attend meeting with CFS on Aug 18 and FARC meeting Aug 19
25/08/2015	400864945	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	34.10	CAD	34.10	1.62	.00	Taxi from YYC to home on Aug 19
26/08/2015	400864946	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel stay to attend ELT Aug 25
01/09/2015	401651501	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	33.10	CAD	33.10	1.58	.00	Taxi from airport to home on Aug 25 (attended ELT Aug 25)
02/09/2015	401651502	THE WESTIN EDMONTON, WESTIN HOTELS	357.02	CAD	357.02	66.78	.00	Hotel stay for 2 nights for meeting with new OA and ELT meeting in Edmonton Aug 31 and Sep 1
11/09/2015	402497800	THE WESTIN EDMONTON, WESTIN HOTELS	535.53	CAD	535.53	100.17	.00	Hotel stay for 3 nights to for mtg with the OA, ELT and committee mtgs (Sep 8,9,10)
16/09/2015	403043127	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel stay for ELT Sep 15
18/09/2015	403261110	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG on Aug 25 for SWS and FB (ELT)
18/09/2015	403261111	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to Hotel Aug 30 for mtg with new OA on Aug 31 and ELT on Sep 01

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. 	
Name of Cardholder _____  Signature of Cardholder	GENERAL COUNSEL Cardholder Position/Title OCT 10, 2015 Date of Signature
Approver Designate (if Applicable) By signing this statement	
<ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
Name of Approver Designate _____	Approver Designate Position/Title _____
Signature of Approver Designate _____	Date of Signature _____
Approver By signing this statement	
<ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
Name of Approver _____  Signature of Approver	President & CEO Approver Position/Title Sept. 28, 2015 Date of Signature
Submit approved statement with attachments to Accounts Payable	
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) and where applicable: • Copies of pre-approvals for travel • Personal cheques (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: _____	

Tena Dubeau

1

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 1:59 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
July 20/2015
Ap>SSP

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:49PM
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

2

Tena Dubeau

From: tobias tobias [REDACTED]
Sent: August 24, 2015 7:09 PM
To: Tena Dubeau; Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
July 21/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Salimah Walji-Shivji	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Aug 20 2015 01:50PM	
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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Tena Dubeau

②

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:]
Sent: August 20, 2015 2:00 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
July 27/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shiyji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:51PM
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 -

Retain this copy for your records

4

Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:01 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
July 28/2015
SSp>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:52PM
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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Tena Dubeau

5



From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:0 [REDACTED]
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji & Brenda Huband
August 03/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Salimah Walji- Shivi	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Aug 20 2015 01:53PM	
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 -

6



Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:02 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
August 04/2015
SSP>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Sanman walji- Shivj	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Aug 20 2015 01:53PM	
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 -

7

Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:]
Sent: August 20, 2015 2:03 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
August 10/2015
Ap>SSP

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID		
CUSTOMER ID	Salimah Walji- Shivj	
CARD NUM		
ACCOUNT	MASTERCARD	
DATE	Aug 20 2015 01:54PM	
REF NUM		
AUTH CODE		
AMOUNT (CAD)		----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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- IMPORTANT -

8

✓

Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:03 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
August 13/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:55PM
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 -

9

✓

Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:04 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
August 17/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:56PM
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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Retain this copy for your records

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Tena Dubeau

From: Lou Decoste
Sent: August 20, 2015 2:12 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: August 20, 2015 2:04 PM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
August 19/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimsh Walji-Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 20 2015 01:57PM
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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(11)

CAS, FARC

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

WESTIN®

HOTELS & RESORTS

Salmah Walji



Page Number	:	[REDACTED]	Invoice Nbr	:	[REDACTED]
Guest Number	:	[REDACTED]			
Folio ID	:	[REDACTED]			
Arrive Date	:	17-AUG-15	17:02		
Depart Date	:	19-AUG-15	14:24		
No. Of Guest	:	[REDACTED]			
Room Number	:	[REDACTED]			
Club Account	:	[REDACTED]			

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 10-SEP-15 10:36 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
17-AUG-15	[REDACTED]	Room Charge	159.00	
17-AUG-15	[REDACTED]	GST	8.19	
17-AUG-15	[REDACTED]	Destination Marketing Fee	4.77	
17-AUG-15	[REDACTED]	Tourism Levy	6.55	
18-AUG-15	[REDACTED]	Room Charge	159.00	
18-AUG-15	[REDACTED]	GST	8.19	
18-AUG-15	[REDACTED]	Destination Marketing Fee	4.77	
18-AUG-15	[REDACTED]	Tourism Levy	6.55	
19-AUG-15	[REDACTED]	Mastercard		-357.02
		** Total	357.02	-357.02
		*** Balance	0.00	

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Continued on the next page

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



Salimah Wali

Page Number : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 17-AUG-15 17:02
 Depart Date : 19-AUG-15 14:24
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Invoice Nbr [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
08-17-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
08-18-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
08-19-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-357.02
Total	318.00	16.38	13.10	0.00	0.00	9.54	357.02	-357.02

12

YVC to home

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

DATE: 2015/08/19
PICK-UP TIME: 13:05
DROP-OFF TIME: 13:25
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: 0578
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 31.10
EXTRA (\$): 0.00
SUBTTL (\$): 31.10

3-

TIP (\$): _____

34.10

TOTAL (\$): _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Aug-19

14

YVC to home

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

DATE: 2015/08/25
PICK-UP TIME: 20:36
DROP-OFF TIME: 20:51
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: 1210
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 29.10
EXTRA (\$): 0.00
SUBTTL (\$): 29.10

4-

TIP (\$): _____

33.10

TOTAL (\$): _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

13

ET

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 : 24-AUG-15 16:03
 Depart Date : 25-AUG-15 14:37
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED] 339

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 10-SEP-15 10:36 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
24-AUG-15	[REDACTED]	Room Charge		
24-AUG-15	[REDACTED]	GST	159.00	
24-AUG-15	[REDACTED]	Destination Marketing Fee	8.19	
24-AUG-15	[REDACTED]	Tourism Levy	4.77	
25-AUG-15	[REDACTED]	Mastercard	6.55	
				-178.51
		** Total	178.51	
		*** Balance	0.00	-178.51

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 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3036 Fax: 780-428-1454



Salimah Walji



Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 24-AUG-15 16:03
 Depart Date : 25-AUG-15 14:37
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
08-24 2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
08-25 2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-178.51
Total	159.00	8.19	6.55	0.00	0.00	4.77	178.51	-178.51

(15)

Mtg. w New OA + ELTV

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

WESTIN®

HOTELS & RESORTS

Salimah Wali
[Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : A
Arrive Date : 30-AUG-15 15:26
Depart Date : 01-SEP-15 10:00
No. Of Guest : [Redacted]
Room Number : [Redacted]
Club Account : [Redacted]

Information Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 01-SEP-15 03:2 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
30-AUG-15	[Redacted]	Room Charge	159.00	
30-AUG-15	[Redacted]	GST	8.19	
30-AUG-15	[Redacted]	Destination Marketing Fee	4.77	
30-AUG-15	[Redacted]	Tourism Levy	6.55	
31-AUG-15	[Redacted]	Room Charge	159.00	
31-AUG-15	[Redacted]	GST	8.19	
31-AUG-15	[Redacted]	Destination Marketing Fee	4.77	
31-AUG-15	[Redacted]	Tourism Levy	6.55	
01-SEP-15	[Redacted]	Mastercard		-357.02
		** Total	357.02	-357.02
		*** Balance	0.00	

Continued on the next page

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



Salimah Wajji

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 30-AUG-15 15:26
 Depart Date : 01-SEP-15 10:00
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]

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.

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
08-30-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
08-31-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00

Continued on the next page

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

WESTIN®

HOTELS & RESORTS

Salmah Wajji
[Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 30-AUG-15 15:26
Depart Date : 01-SEP-15 10:00
No. Of Guest : 1
Room Number : [Redacted]
Club Account : [Redacted]

Total	318.00	16.38	13.10	0.00	0.00	9.54	357.02	0.00
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(16)

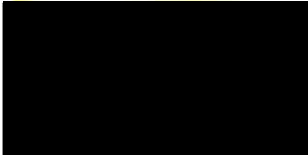
ELT, mtg w OA,
Committee Mtg.

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

WESTIN®

HOTELS & RESORTS

Salmah Walji



Page Number	:	[Redacted]	Invoice Nbr	:	[Redacted]
Guest Number	:	[Redacted]			
Folio ID	:	[Redacted]			
Arrive Date	:	07-SEP-15	15:24		
Depart Date	:	10-SEP-15	09:00		
No. Of Guest	:	1			
Room Number	:	[Redacted]			
Club Account	:	[Redacted]			

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 10-SEP-15 04:1

Date	Reference	Description	Charges (CAD)	Credits (CAD)
07-SEP-15	[Redacted]	Room Charge	159.00	
07-SEP-15	[Redacted]	GST	8.19	
07-SEP-15	[Redacted]	Destination Marketing Fee	4.77	
07-SEP-15	[Redacted]	Tourism Levy	6.55	
08-SEP-15	[Redacted]	Room Charge	159.00	
08-SEP-15	[Redacted]	GST	8.19	
08-SEP-15	[Redacted]	Destination Marketing Fee	4.77	
08-SEP-15	[Redacted]	Tourism Levy	6.55	
09-SEP-15	[Redacted]	Room Charge	159.00	
09-SEP-15	[Redacted]	GST	8.19	
09-SEP-15	[Redacted]	Destination Marketing Fee	4.77	
09-SEP-15	[Redacted]	Tourism Levy	6.55	
10-SEP-15	[Redacted]	Mastercard		-535.53
		** Total	535.53	-535.53
		*** Balance	0.00	

Continued on the next page

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



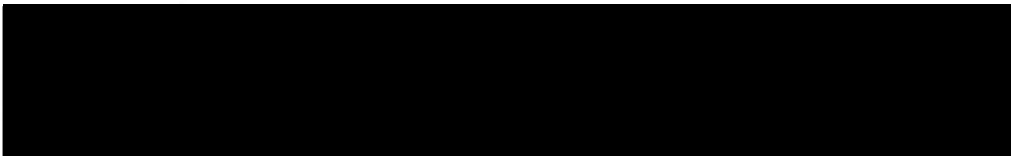
Salimah Walji



Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 07-SEP-15 15:24
 Depart Date : 10-SEP-15 09:00
 No. Of Guest : [Redacted]
 Room Number : [Redacted]
 Club Account : [Redacted]

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.

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell



EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
09-07-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
09-08-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
09-09-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00

Continued on the next page

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



Page Number : [REDACTED]
Guest Number : [REDACTED] Invoice Nbr : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 07-SEP-15 15:24
Depart Date : 10-SEP-15 09:00
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]

Total	477.00	24.57	19.65	0.00	0.00	14.31	535.53	0.00
-------	--------	-------	-------	------	------	-------	--------	------

(17)

ELI Sept. 15

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 : 14-SEP-15 15:23
Depart Date : 15-SEP-15 13:39
No. Of Guest : [Redacted]
Room Number : [Redacted]
Club Account : [Redacted]

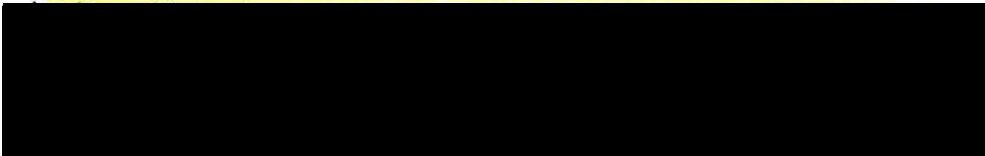
Copy Tax Invoice

Tax ID : 815461350RT0001

The Westin Edmonton 27-SEP-15 08:24 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
14-SEP-15	[Redacted]	Room Charge	159.00	
14-SEP-15	[Redacted]	GST	8.19	
14-SEP-15	[Redacted]	Destination Marketing Fee	4.77	
14-SEP-15	[Redacted]	Tourism Levy	6.55	
15-SEP-15	[Redacted]	Mastercard		-178.51
		** Total	178.51	
		*** Balance	0.00	-178.51

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell



Continued on the next page

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



Salimah Walji
 [Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 14-SEP-15 15:23
 Depart Date : 15-SEP-15 13:39
 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
09-14-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
09-15-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-178.51
Total	159.00	8.19	6.55	0.00	0.00	4.77	178.51	-178.51

(18)

ELT Aug 25

Tena Dubeau

From: Lou Decoste
Sent: September 18, 2015 8:32 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: September 18, 2015 11:20 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji & Dr.Belanger
Aug.25/2015
SSP>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 18 2015 12:23AM
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

(19)

OA
ELT
Aug 31, Sept. 01

Tena Dubeau

From: Lou Decoste
Sent: September 18, 2015 8:31 AM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: [REDACTED]]
Sent: September 18, 2015 12:27 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
Aug.30/2015
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 18 2015 12:24AM
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 # (id) and Employee # (E-People) if you currently have 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: 10-Aug-15 To 31-Aug-15
 Travel Period from: _____ To _____
 Out-of-Province Travel No: _____

Name: Salimah Wali-Shiv
 Location: Southport Tower Dept: Legal & Privacy DOFA Level: [Redacted] Position (Title): _____ General Counsel:
 Employee # (E-People): [Redacted] Union: _____ Business F: [Redacted] Ext: _____

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71110550000	\$70.84
2B				
2C				
2D				
				\$70.84

Total - Section C&D: Other & Foreign Expenses - Pg 3

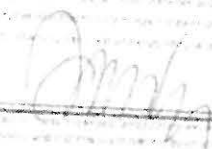
Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

TOTAL REIMBURSEMENT	
Total Section B	\$70.84
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$70.84

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

NOTE: *User to enter Coding & \$ Amounts
 NOTE: These fields do not automatically fill for Section C, & D.

SECTION F: AUTHORIZATION

Employee Signature:  Date: Oct. 05/2015

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

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

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: 10-Aug-15 To 31-Aug-15
 Travel Period from: To
 Out-of-Province Travel No

Name: Salimah Walji-Shivji Position (Title): General Counsel
 Location: Southport Tower Dept: Legal & Privacy DOFA Level: [Redacted] Union: Business [Redacted]
 Employee # (E-People): [Redacted]

SECTION E: FINANCIAL 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		
2A	101	0005	71110550000	\$70.84						Total Section B	\$70.84
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$70.84
				\$70.84							

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

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

SECTION F: AUTHORIZATION

I, the undersigned, certify that the above information is true and correct and that the expenses claimed are in compliance with the applicable policies and procedures of the organization.

Employee Signature: Vickie Kaminski Date: _____
 Approved By (PRINT ONLY): Vickie Kaminski DOFA Level: [Redacted] Position: [Redacted] Phone: [Redacted]
 Signature: Vickie Kaminski Title: President & CEO Date: Sept 28, 2015

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

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10000-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71110550000

Emp # (E-People)

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

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 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							
10-Aug-15	Taxi from home to YYC for meeting with Health Minster (Aug 10), ELT (Aug 11), Corporate Meeting (Aug 12) and Lab (Aug 13)	AB - Local	Meeting	Yes											
30-Aug-15	Taxi from home to YYC for meeting with CEO (Aug 31), ELT (Sep 1)	AB - Province	Meeting	Yes											
31-Aug-15	Taxi from hotel to SSP for meetings with CA and CEO	AB - Local	Meeting	Yes											
SUBTOTALS															
										\$70.84			Total Kms		

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$70.84

Auto fills on page 1 - TOTAL TRAVEL \$ 870.84

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)

Home to YYC

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
22143100

|||| PURCHASE ||||

08-30-2015 18:51:47
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type VI
Name: SALIMAN HALJI
A900000031010 Visa Credit

Trace # [REDACTED]
K2214310490

Inv. # [REDACTED]
Auth [REDACTED]

Purchase \$27.40
Tip \$4.11
Total \$31.51

(00) APPROVED-THANK YOU

Retain this copy for your records

Customer copy
AUG-30

②

*

Hotel to SSP

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C
780-452-3456

my w
CASH/CD

Term Id: 4564124782708
Item #: 0547
Visa Credit
PURCHASE
Of Id: 96384
Card # [REDACTED]

RI: A90030031010

APPROVED

AMOUNT CAD\$6.40
TIP CAD\$8.96
=====
TOTAL CAD\$7.36

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. # [REDACTED]
TVR: 4000000000
TSI: F800

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

GST 100493070

Date: 2015/08/31 Time: 07:42:11
Response: AUTH [REDACTED]

CUSTOMER COPY

AUG-31

③

*

Home to YYC

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
22143100

|||| PURCHASE ||||

08-10-2015 18:47:37
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type VI
Name: SALIMAN HALJI
A900000031010 Visa Credit

Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] N 00100:117

Purchase \$27.00
Tip \$4.17
Total \$31.97

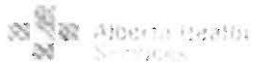
(00) APPROVED-THANK YOU

Aug-10
Retain this copy for your records

Customer copy

①

August



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-Sep-15 To 15-Sep-15

Travel Period from: _____ to _____

Out-of-Province Travel: No

Name: Salmah Wali-Shayq

Position (Title):

General Counsel

Location: Southport Tower

Dept: Legal & Privacy

DOFA Level: [REDACTED]

Union:

Business Phone # [REDACTED]

Employee # (E People): [REDACTED]

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71110550000	\$334.06
2B				
2C				
2D				
				\$334.06

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

TOTAL REIMBURSEMENT

Total Section B	\$334.06
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$334.06

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

Employee Signature: 

Date

OCT. 05/2015

Approved By (PRINT ONLY)

DOFA Level

Position #

Phone #

Ext

Signature:

Title

Date

Approved By (PRINT ONLY)

DOFA Level

Position #

Phone #

Ext

Signature:

Title

Date

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-Sep-15 To 15-Sep-15
 Travel Period from: To
 Out-of-Province Travel No

Name: Solimah Wajji-Shivji Position (Title): General Counsel
 Location: Southport Tower Dept: Legal & Privacy DOFA Level: [Redacted] (if applicable) Union: Business Phone: [Redacted] Ext:

Employee # (E-People): [Redacted]

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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0005	7111055000	\$334.06					
2B									
2C									
2D									
				\$334.06					

TOTAL REIMBURSEMENT

Total Section B	\$334.06
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$334.06

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 Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the purpose and maximum responsibilities of this policy.

I attest that the expenses claimed in this claim are for valid business purposes for Alberta Health Services and that the claim is not for both previously claimed expenses from Alberta Health Services or any other Organization.

I attest that expenses claimed in this claim have been incurred using a cost-effective method, on a reasonable and supporting evidence provided above.

I, by signing this form, attest that I am responsible for the above declared:

Employee Signature: _____ Date: _____

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

Signature: Vickie Kaminski Title: President + CEO Date: Sept 15, 2015

I attest that the expenses submitted in this claim have been incurred by using a cost-effective method, on a reasonable and supporting evidence provided above.

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

Signature: _____ Title: _____ Date: _____

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]

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Recreation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N America = Inter)
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 meet), why travel was necessary and date and explanation of receipt.) A descriptor of "Meeting" will be required for clarification	Prov. US, or Out of N.America 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							
1-Sep-15	Taxi from hotel to SSP to attend ELT meeting	AB - Local	Meeting	Yes	DL-\$20.61	\$20.60									
7-Sep-15	Taxi from home to YYC for Sept 8 ELT meeting	AB - Province	Meeting	Yes											
8-Sep-15	Taxi from hotel to SSP for ELT	AB - Local	Meeting	Yes	A-\$41.55	\$41.55									
9-Sep-15	Meeting with CA - taxi from hotel to SSP	AB - Local	Meeting	Yes	A-\$41.55	\$41.55									
10-Sep-15	Attendance at Finance and Audit/RE - Committee meetings in Edmonton and taxi from YYC to home	AB - Province	Meeting	Yes	BL-\$20.80	\$20.80									
14-Sep-15	Taxi from home to YYC for ELT Sep 15	AB - Province	Meeting	Yes	LD-\$32.35	\$32.35									
15-Sep-15	Taxi from YYC to home from ELT meeting	AB - Province	Meeting	Yes	BL-\$20.80	\$20.80									
SUBTOTALS						\$177.65					\$156.21				Total Kms

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Enter \$0.508 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$334.06

Auto fills on page 1 - TOTAL TRAVEL \$ 334.06

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)

Hotel to SSP for EUT

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

Term Id: 4502412478222
Item #: 1201
Visa Credit
PURCHASE
Op Id: 128811
Card # [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT CAD\$6.20
TIP CAD\$0.93
TOTAL CAD\$7.13

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TVR: 408000000
TSI: F800

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

GST 100403070

Date: 2015/09/01 Time: 08:18:32
Response: AUTH [REDACTED]

CUSTOMER COPY

①

Home to YYC

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (483) 200-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/09/07
PICK-UP TIME: 17:33
DROP-OFF TIME: 17:52
TRIP ID: 690810
LOCATION: 073000-45024103707
CAR NUMBER: 0543
DRIVER: 59391A
CARD TYPE: VISA
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 25.60
EXTRA (\$) 0.00
SUBTTL (\$) 25.60

TIP (\$) 3.00

TOTAL (\$) 28.60

SIGNATURE: [REDACTED]

Sept. 7
FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@NW ASSOCIATEDCAB CA

CUSTOMER'S COPY

②

Hotel to SSP for EUT

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

Term Id: 45024124782409
Item #: 1914
Visa Credit
PURCHASE
Op Id: 969000
Card #: [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT CAD\$6.20
TIP CAD\$0.93
TOTAL CAD\$7.13

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TVR: 408000000
TSI: F800

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

GST 100403070

Date: 2015/09/08 Time: 08:04:00
Response: AUTH [REDACTED]

CUSTOMER COPY

③

Sept. 9

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

Term Id: 4502412478283
Item #: 1914
Visa Credit
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT CAD\$7.00
TIP CAD\$1.05
TOTAL CAD\$8.05

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TVR: 408000000
TSI: F800

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

GST 100403070

Date: 2015/09/09 Time: 08:22:06
Response: AUTH [REDACTED]

CUSTOMER COPY

④

Customer Copy

YVC to Home

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
22143180

|||| PURCHASE ||||

09-10-2015 19:07:55
Acct # [REDACTED] C
Exp Dat [REDACTED] Card Type VI
Name: SALIMAH WALJI
A000000031010 Visa Credit

Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN 001001965

Purchase \$29.30
Tip *Sept. 10* \$4.40
Total \$33.70

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

5

Home to YVC

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
22143180 *BT*

|||| PURCHASE ||||

09-14-2015 00:03:41
Acct # [REDACTED] C
Exp Da [REDACTED] Card Type VI
Name: SALIMAH WALJI
A000000031010 Visa Credit

Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN 001001253

Total *Sept. 14* \$32.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

6

YVC to home

ALLIED LTD/ASSOCIATED
307 41 AVENUE NE T2E2N4
CALGARY AB
21640631 *BT*

|||| PURCHASE ||||

09-15-2015 15:22:09
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type VI
Name: SALIMAH WALJI
A000000031010 Visa Credit

Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN 001004060

Purchase \$33.00
Tip *Sept. 15* \$6.60
Total \$39.60

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

7

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 : Sep-15
-----------------------------	---------------------------------------------------

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-Aug-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on September 7 and return September 10/15. ELT, Finance Committee and Audit & Risk Committee meetings.	Marlin Travel	353.78
03-Sep-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on September 14 and return September 15/15. ELT meeting.	Marlin Travel	367.73
03-Sep-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on September 21 and return September 23/15. ELT, Human Resources Advisory Committee and Quality & Safety Advisory Committee meetings.	Marlin Travel	335.18
03-Sep-15	Direct Billing	Airline Ticket	Airline ticket from Calgary to Edmonton on September 28 and return September 29/15. ELT meeting.	Marlin Travel	335.18
Total Paid in the Month					\$ 1,391.87

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: August 31, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
SALIMAH WALJI
AC [REDACTED]
WS [REDACTED]

Monday, September 7, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 07Sep15
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 8D

Flight: 8160 G CLASS
08:30 PM **Equipment:** DH4
09:20 PM

Mile(s) Flown: 163

Thursday, September 10, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 10Sep15
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION [REDACTED]

Flight: 8155 G CLASS
07:30 PM **Equipment:** D8 (300 SERIES)
08:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	278.82
	Tax:	74.96
	Ticket Total:	353.78

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

Invoice Number: [REDACTED]
Date: August 31, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	353.78
Less Credit Card Payments:	353.78
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 2ECO
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 Num [REDACTED]
Date: September 3, 2015
Page: 1/2
Our Referen [REDACTED]

INVOICE

For
MS SALIMAH WALJI
AC [REDACTED]

Monday, September 14, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 14Sep15
AIR CANADA E
SEAT 8D - WALJI/SALIMAH MS
TICKET NUMBER [REDACTED]

Flight: 8160 G CLASS
08:30 PM Equipment: DH4
09:19 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: September 3, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, September 15, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 15Sep15
AIR CANADA E
SEAT 9F - WALJI/SALIMAH MS
TICKET NUMBER [REDACTED]

Flight: 8151 Q CLASS
04:00 PM Equipment: CRJ JET
04:49 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	292.77
	Tax:	74.96
	Ticket Total:	367.73

Total:

	Grand Total:	367.73
	Less Credit Card Payments:	367.73
	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.....
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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: September 4, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

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

Monday, September 21, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 21Sep15
AIR CANADA E
SEAT 8C - WALJI/SALIMAH MRS
TICKET NUMBER [REDACTED]

Flight: 8160 G CLASS
08:30 PM Equipment: DH4
09:19 PM

Mile(s) Flown: 163

Wednesday, September 23, 2015

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

Invoice Number: [REDACTED]
Date: September 4, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, September 23, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 23Sep15
AIR CANADA E
SEAT 6C - WALJI/SALIMAH MRS
TICKET NUMBER: [REDACTED]

Flight: 8155 G CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA	[REDACTED]	[REDACTED]	260.22
		Tax:	74.96
		Ticket Total:	335.18

Total:

Grand Total:	335.18
Less Credit Card Payments:	335.18
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: September 4, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

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

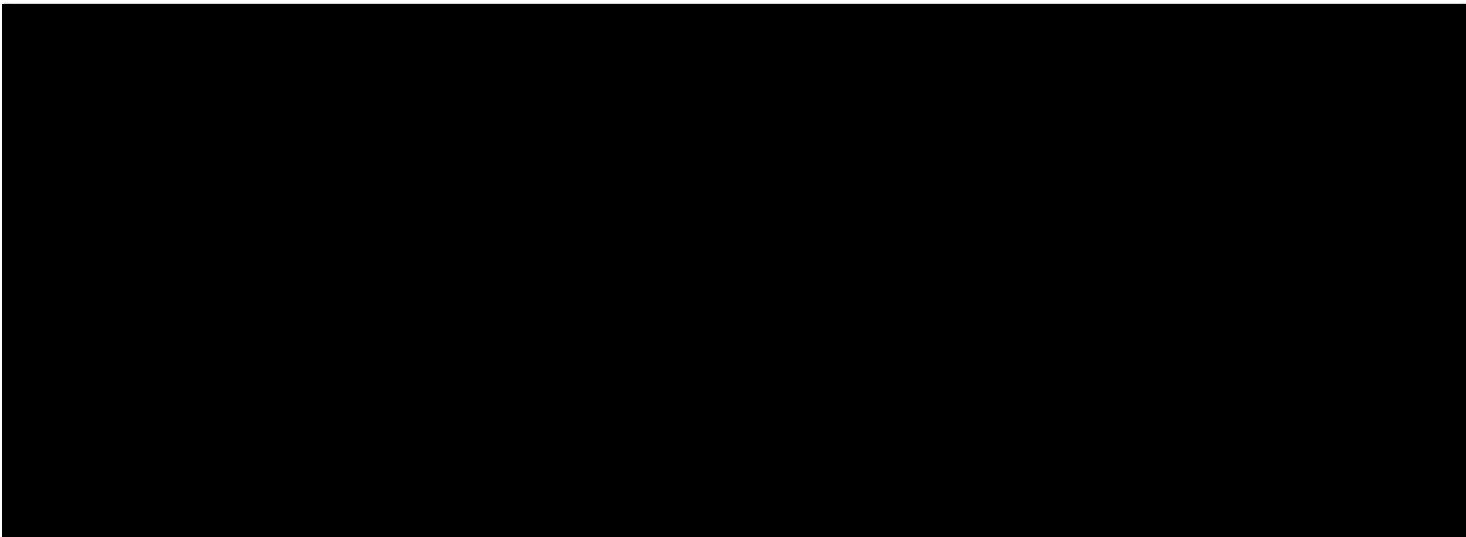
Monday, September 28, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Sep15
AIR CANADA E
SEAT 6D - WALJI/SALIMAH MRS
TICKET NUMBER [REDACTED]

Flight: 8138 G CLASS
10:30 AM Equipment: D8 (300 SERIES)
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: September 4, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, September 29, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 29Sep15
AIR CANADA E
SEAT 3D - WALJI/SALIMAH MRS
TICKET NUMBER [REDACTED]

Flight: 8151 G CLASS
04:00 PM Equipment: CRJ JET
04:49 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	260.22
	Tax:	74.96
	Ticket Total:	335.18

Total:

	Grand Total:	335.18
	Less Credit Card Payments:	335.18
	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.