

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of July 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-16	P-Card	Meetings			444	171	615			
Jul-16	Expense Claim	Meetings				169	169			
Jul-16	Direct Billing	Meetings	373				373			
Total			\$ 373	\$ -	\$ 444	\$ 340	\$ 1,157	\$ -	\$ -	\$ -

Total for the Month \$ 1,157

Maximum daily single meal expense claimed in the month \$ -
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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

CHILTON, SEAN Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2016</u>
SOUTH ZONE ADMINISTRATION Cardholder's Dept	CRH Cardholder's Site/Location	Total Statement Amount:	\$663.60 \$615.44
SEAN.CHILTON@AHS.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX		

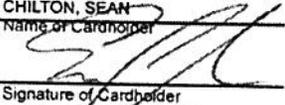
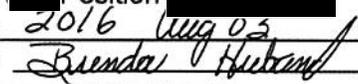
Statement of Transactions									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
20/06/2016	433412697	BLACK DIAMOND TAXI LTD, LIMOUSINES AND TAXICABS	44.06	CAD	44.06	2.10		Taxi from home to Leth Airport for Sr. Leader mtg. In Leduc re: 2017/20 Health Plan	1
21/06/2016	433678646	HOLIDAY INN EXPRESS, HOLIDAY INNS	122.30	CAD	122.30	.00	.00	Two meetings, flew from Edm to MH for SZ Quality Council and Primary Care Network AGM. Drove back to Leth w/Dr. Regehr.	2
28/06/2016	434444175	HOLIDAY INN EXPRESS, HOLIDAY INNS	143.42	CAD	143.42	.00	.00	Attended the Palliser Triangle HAC mtg Jun 27, overnight to attend MH Chamber of Commerce and Bow Island Mayor mtg on Jun	3
28/06/2016	434444176	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36		Parking fee on June 28, 2016 @ the Med Hat Reg Hosp while attending 2 onsite meetings with Director Laurel Stretch	4
06/07/2016	435310970	SHELL, FUEL DISPENSER, AUTOMATED	28.90	CAD	28.90	.00		Fleet vehicle fuel for a mtg with MLA Bob Wanner in Med Hat on July 6, 2016	5
13/07/2016	436037183	AHS MHRH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36		Parking fee @ the MHRH to attend the Meditech Physician Site Visit on July 13, 2016.	6
15/07/2016	436205997	7-ELEVEN #33343(MKT 28, FUEL DISPENSER, AUTOMATED	9.00	CAD	9.00	.43		Rental car refuelling expense. In Edmonton for the July 15 Quality 2020 Designing the Future working sessions, 0730 to 1200 hrs.	7
15/07/2016	436205998	SUTTON PLACE HOTEL EDM, LODGING HOTELS, MOTELS, RESORTS	209.32	CAD	209.32	.00		Attended the Quality 2020 Designing the Future working session on July 15, 2016 in Edmonton, 0730 to 1200. Travel night before	8
15/07/2016	436205999	AHS RAH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking fee @ the RAH while attending the Quality 2020: Designing the Future working session on the morning of July 15, 2016.	9

Transactions without Receipts or supporting documentation									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
13/07/2016	436037182	PETROCAN, FUEL DISPENSER, AUTOMATED	29.16	CAD	29.16	.00		Fuel expense for travel from Leth to Med Hat to attend the Meditech Physician Site visit on July 13, 2016.	10

Other/ Personal Purchases

I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions.

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
[REDACTED]								

Signatures	
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 	
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>
<p>Cardholder By signing this statement</p> <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. 	
<p>CHILTON, SEAN Name of Cardholder</p> <p></p> <p>_____ Signature of Cardholder</p>	<p>CHIEF ZONE OFFICER Cardholder Position/Title</p> <p>27 Jun 2016 Date of Signature</p>
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 	
<p>_____ Name of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p>
<p>_____ Signature of Approver Designate</p>	<p>_____ Date of Signature</p>
<p>Approver By signing this statement</p> <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 cost effective method, otherwise rationale and supporting analysis is 	
<p>Brenda Huband, VP & CHOO Central & Southern Alberta DOFA [redacted] Position [redacted] Date: 2016 Aug 03 Sign: </p>	<p>_____ er Position/Title</p> <p>_____ Signature</p>
Submit approved statement with attachments to Accounts Payable:	
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
Accounts Payable only:	
Reference #: _____	Reviewed by: _____
Date: _____	

Taxi from home to Leth. ⁰
airport. Sr Leader mtg in
Leduc re: 2017/20 Health Plan
June 20/2016.

BLACK DIAMOND TAXI LTD.
233 14 ST N
LETHBRIDGE AB

Taxi

DUPLICATE

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/06/20
TIME 2963 06:12:48
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$39.06
TIP \$5.00
TOTAL

\$44.06

MasterCard
A0000000041010
DB18EE836AB99812
0000008000-E800
DDDDF21BA61C4BAA

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

DUPLICATE

Flight from Leduc to Med Hat.
 June 20/2016 for SZ Quality Council?
 Primary Care Network AGM on
 June 21, 2016 in Medicine Hat. Ret'd
 to Lethbridge in fleet w/ Dr Regehr.



06-21-16

Sean Chilton Canada	Folio No. :		Room No. :	██████████
	A/R Number :		Arrival :	06-20-16
	Group Code :		Departure :	06-21-16
	Company :	Government Canada	Conf. No. :	██████████
	Membership No. :	██████████	Rate Code :	██████████
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits	
06-20-16	*Accommodation	110.00		
06-20-16	MF	2.20		
06-20-16	GST	5.61		
06-20-16	Tourism Levy	4.49		
06-21-16	MasterCard		122.30	
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	122.30	122.30
		Balance	0.00	

Guest Signature: _____

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

Holiday Inn Express Medicine Hat
 #9 Strachan Bay, Medicine Hat, Alberta T1B 4Y2
 Telephone: (403) 504-5151 Fax: (403) 504-0055
 Toll Free: 1-877-504-5151
 g.s.t. no. 804 883 163

Attended the Palliser Triangle Health
 Advisory Council mtg on Jun. 27/2016.
 Stayed overnight in Med Hat to
 attend Med Hat Chamber of Commerce
 mtg. on June 28/2016.



06-28-16

Sean Chilton Canada	Folio No. :		Room No. :	█
	A/R Number :		Arrival :	06-27-16
	Group Code :		Departure :	06-28-16
	Company :	ALBERTA HEALT SERVICES	Conf. No. :	█
	Membership No. :	█	Rate Code :	█
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
06-27-16	*Accommodation	129.00	
06-27-16	MF	2.58	
06-27-16	GST	6.58	
06-27-16	Tourism Levy	5.26	
06-28-16	MasterCard		143.42
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	143.42
		Balance	0.00

Guest Signature: _____

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

Holiday Inn Express Medicine Hat
 #9 Strachan Bay, Medicine Hat, Alberta T1B 4Y2
 Telephone: (403) 504-5151 Fax: (403) 504-0055
 Toll Free: 1-877-504-5151
 g.s.t. no. 804 883 163

attended 2 mtgs @ the (4)
MHRH: SZ Quality Council
+ 1:1 with Director, Laurel Stretch

Welcome to
MEDICINE HAT
REGIONAL HOSPITAL

License Plate Number



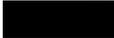
Expiration Date/Time

10:45 AM
JUN 29, 2016

Purchase Date/Time: 10:45am Jun 28, 2016
Total Due: \$7.50 Rate: BUY 24 HRS FOR \$7.50
Total Paid: \$7.50 Payment Type: Card



MasterCard



THANK YOU
DRIVE SAFELY

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Fleet vehicle to (5)
Medicine Hat for mtg. w/
MLA Bob Wanner -
WELCOME July 7/16

Shell Canada
5750 46 AVENUE
T1G 2B1

TABER AB
(403) 223-5007

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2016/07/06 15:38

Fuel

AIR MILES

Term: 22342

AIR MILES earned: [REDACTED]

* You got 2X Miles
on your purchase of
Shell Fuels!

* You have filled 28
.642 L this month -
get 10 Bonus Miles
at 225 L and an
additional 15 Bonus
Miles at 500 L! *
Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorewards.ca
for details.

Bronze:
PUMP No. 06
LITRES 28.642
PRICE/L \$1.009
TOTAL FUEL \$28.90
01 APPROVED - THANK
YOU

[REDACTED]

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.38
No. 137400032RT

TOTAL SALE \$28.90

STORE: C22342
TRAN: 1472553
2016/07/06 15:40:43

Mtg. @ MHRH: Medicine
Physician Site Visit

RECEIPT

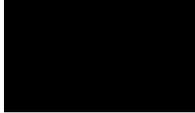
Welcome to
MEDICINE HAT
REGIONAL HOSPITAL



Expiration Date/Time

10:40 AM
JUL 14, 2016

Purchase Date/Time: 10:40am Jul 13, 2016
Total Due: \$7.50 Rate: BUY 24 HRS FOR \$7.50
Total Paid: \$7.50 Payment Type: Card



MasterCard



THANK YOU
DRIVE SAFELY

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Rental car refuelling ⁽⁷⁾
expense. Attend the
Quality 2020 Designing
the Future working session.

7-ELEVEN
AIRPORT & N SERVICES
EDMONTON AB T5J 2T2
7808903209

2016-07-15 13:13:09

STORE #: 33343
TERM ID: 33343SEC
MERCH #: 40082555704

[REDACTED]
GST #: R104855408

PUMP 1
REGULAR
10.23L AT \$0.879

SALE \$ 9.00

GST INCLUDED \$ 0.43

TOTAL \$ 9.00

INVOICE # [REDACTED]
AUTH# [REDACTED]

MASTERCARD
[REDACTED]

80000000041010
000008000
E800

PRE-AUTH COMPLETION

REF:185001001253
ACI/ISO 001/00
APPROVED 151204

THANK YOU

Mr Sean Chilton

Room Number : [REDACTED]
 Arrival Date : 07-14-16
 Departure Date : 07-15-16
 Page : 1 of 1
 Folio Number : [REDACTED]
 Confirmation : [REDACTED]
 Cashier : 351

INVOICE

Company Name : Government of Canada

GST No: 121767065 RT 0001

07-15-16

Date	Description	Charges	Credits
07-14-16	Government Rates	159.00	
07-14-16	Room Alberta Tourism Levy	6.36	
07-14-16	Room D.M.F.	4.77	
07-14-16	Room GST	7.95	
07-14-16	Room D.M.F. GST	0.24	
07-14-16	Daily Parking Self	31.00	
07-15-16	Mastercard [REDACTED]		209.32
Total		209.32	209.32

Balance 0.00 CAD

Room GST 7.95
 F&B GST 0.00
 Misc GST 1.72
 Total 9.67

*Overnight in Edmonton
 for the 0730 working session
 Quality 2000 Designing Co
 June.*

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.8663.SUTTON (1.866.378.8866)
 email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

July 25, 2016

AHS P-Card Administration

RE: Written Attestation, Missing Receipt

Please accept this written attestation for a fuel expense in the amount of \$29.19 incurred at the Petrocan gas station in Coaldale, AB on July 13, 2016.

The expense was incurred while driving from the Lethbridge to attend the Meditech Physician site visit at the Medicine Hat Regional Hospital on July 13, 2016.

This expense has not been claimed previously and the receipt slip was lost.

Kind Regards,



Sean Chilton
Chief Zone Officer, South Zone

SC/wm

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	168.67

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/26/2016	Sean had 2 meetings: 1 with MLA Drew Barnes and a 2nd with Laurel Stretch		Mileage-Local Home Zone	168.67			Car pooled with Dr. Jack Regehr and James Frey to attend a meeting with MLA Drew Barnes. Dr. Regehr had one other additional meeting at the hospital as well Sean met with Director, Laurel Stretch regarding the Exec Ed program.	1			334
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		28-Jul-16							

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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 : Sean Chilton	Reporting Period for the Month of : Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Jul-2016	Direct Billing	Airline Ticket	Integra Air flight Leth to Edm to attend the Quality 2020: Designing the Future State meeting on July 15, 2016. Used flight credit from June 20, 2016 for this flight resulting in today's low fee.	Marlin Travel	5.70
7-Jul-2016	Direct Billing	Airline Ticket	Air Canada return flight Edm to Leth following the Quality 2020: Designing the Future State meeting on July 15, 2016.	Marlin Travel	313.03
15-Jul-2016	Direct Billing	Car Rental	Rental car for travel from the Executive Flight Centre to Edmonton for the Quality 2020: Designing the Future state working session held at the Royal Alex Hospital.	Marlin Travel	54.75
Total Paid in the Month					\$ 373.48

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: BARBARA LAZARENKO Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: July 7, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MR SEAN CHILTON
AC [REDACTED]

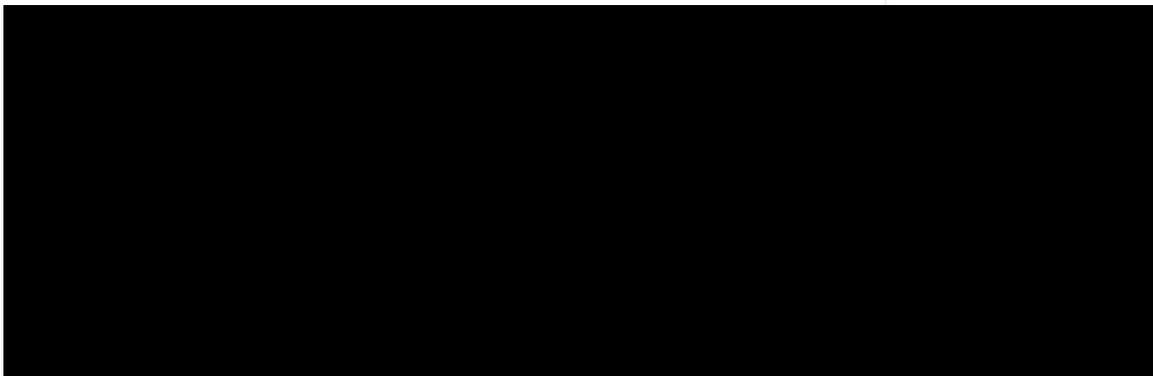
Thursday, July 14, 2016

✈ Air

via Antepa Air used credit # [REDACTED]

✓ OTHER TRAVEL
From: LETHBRIDGE
To: EDMONTON AB
Stops: 0 Arrival: 14Jul16

Flight: 928
04:30 PM
05:45 PM
ECONOMY CLASS



Wendy Musial

From: Barbara Lazarenko <barbara.lazarenko@marlintravel.ca>
Sent: Monday, June 20, 2016 1:13 PM
To: Wendy Musial
Subject: Integra

Credit for 20Jun Integra Airlines
Sean Chilton \$260
File Number [REDACTED]

Barbara Lazarenko
Senior Travel Consultant
Government Centre
9929 – 108 Street
Edmonton, Alberta T5K 1G8
Phone 780 425 8611
Fax 780 426 5759
Toll Free 1 866 425 8611
Email: Barbara.lazarenko@marlintravel.ca

marlin  **travel**

AIR CANADA 

Circle of
excellence
2013

*Credit used July 6/2016
for travel on July 14/2016
Leth to Edmonton for
the Quality 2000:
Designing the Future
State meeting.*

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

Invoice Number: [REDACTED]
Date: July 7, 2016
Page: 3/3
Our Reference: [REDACTED]

INVOICE

Cost:		
INTEGRA AIR [REDACTED]	[REDACTED]	5.70
Total:		

Grand Total:	318.73
Less Credit Card Payments:	318.73
Total GST/HST:	14.91
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.

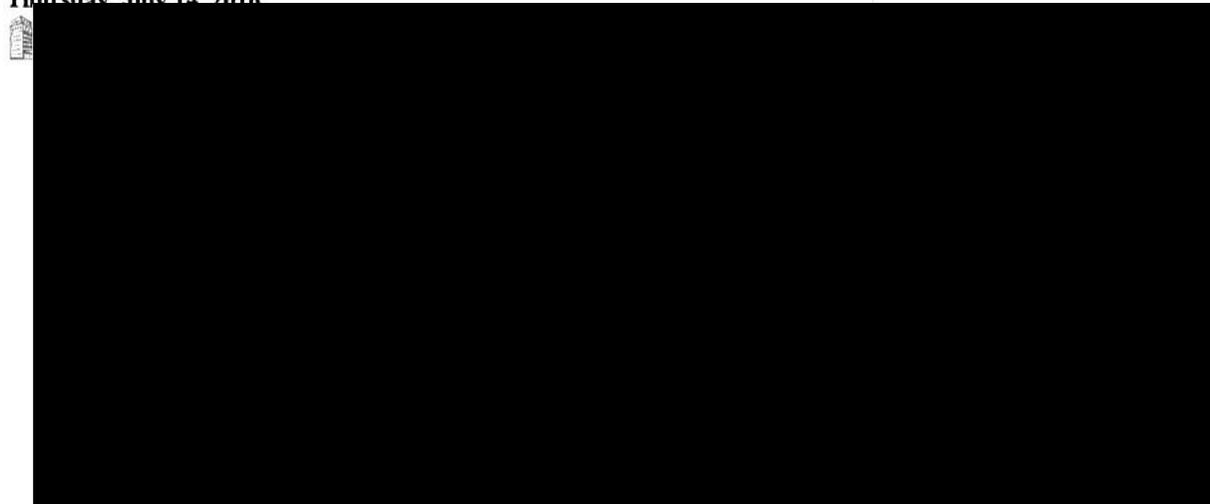
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Invoice Number: [REDACTED]
Date: July 7, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Thursday, July 14, 2016



*This A/C return
Flight was
cancelled
Credit of and a
\$313.03
issued.*

Friday, July 15, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 15Jul16
Seat(s): [REDACTED]
AIR CANADA E

Flight: 8149 W CLASS
01:20 PM Equipment: DH4
02:10 PM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 Arrival: 15Jul16
Seat(s): [REDACTED]
AIR CANADA E

Flight: 7217 W CLASS
04:15 PM Equipment: BEH
05:00 PM

Mile(s) Flown: 115

Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	261.00
			GST:	14.91
			Tax:	37.12
			Ticket Total:	313.03

Rental Agreement # [REDACTED]
 Invoice # [REDACTED]



Renter Information

Renter Name
 SEAN CHILTON

Renter Address
 [REDACTED]

Vehicle Information

TUCSON
 License #: [REDACTED]
 State/Province: AB

Vehicle Class Driven
 INTERMEDIATE SUV AUTO A/C

Vehicle Class Charged
 STANDARD 2/4 DOOR AUTOMATIC A/C

Odometer Mileage/Kilometers
 Starting: 1244.0 Ending: 1311.0
 Total: 67.0

Trip Information

Pickup

Thu, Jul 14 2016 06:00 PM
 EDMONTON INTL ARPT (YEG)
 1, 1000 AIRPORT ROAD
 LEDUC, AB T9E8B7
 CA

Return

Fri, Jul 15 2016 01:16 PM
 EDMONTON INTL ARPT (YEG)
 1, 1000 AIRPORT ROAD
 LEDUC, AB T9E8B7
 CA

Rental Charges

Rental Rate	1 day at \$42.00 / day	\$42.00
Mileage	Unlimited Mileage	Included
Taxes and Fees	Airport Concession Fee 15.6 Pct (15.60%)	\$6.65
	Customer Facility Charge 5.50/day	\$5.50
	Vehicle License Fee .60/day	\$0.60
Total		\$54.75
(Subject to audit)		
Amount charged to BUSINESS ACCOUNT-APPLICANT		(\$54.75)
Amount Due		(\$0.00)

Thank you for renting with Enterprise.

We appreciate your business.

Please do not reply directly to this email. If you have a question or comment regarding your rental agreement please send it to customerservice@enterprise.com



Rental 14-JUL-2016 06:00 PM
 14-JUL-2016 04:03 PM
 EDMONTON INTL ARPT
 Return 15-JUL-2016 01:16 PM
 EDMONTON INTL ARPT

SEAN CHILTON
 Vehicle # HJ265598
 Model TUCSON
 Class Driven IFAR
 License# L67776
 M/Kms Driven 67
 M/Kms Out 1244
 M/Kms In 1311

ALBERTA HEALTH SERVICES

Price Amount
 42.00 42.00*
 0.00* 0.00*
 6.65* 6.65*
 5.50* 5.50*
 0.60* 0.60*

Total Charges CAD 54.75
 Voucher BUSINESS ACCOUNT-APPLICANT
 Amount Due CAD 54.75

* Taxable Items
 Subject to Audit
 Your loyalty number [REDACTED]
 For Reservations: 1-800-RENT-A-CAR