

## AHS Board and Executive Expense Report

**Name** Sean Chilton  
**Title** VP Collaborative Practice, Nursing & Health Professions  
**Location** Edmonton  
 Expenses submitted during the month of June 2018

	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)
Jun-18	P-Card	Meetings			447	187	634			
Jun-18	Expense Claim	Meetings				212	212			
Jun-18	Direct Billing	Meetings	1,427				1,427			
<b>Total</b>			\$ 1,427	\$ -	\$ 447	\$ 399	\$ 2,273	\$ -	\$ -	\$ -

**Total for the Month**      \$      2,273

Maximum daily single meal expense claimed in the month      \$      -  
 Maximum daily base hotel rate claimed in the month            \$      199  
 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.

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 633.81								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/24/2018	Parking at Macewan for ENEA Employer Feedback	AB - Local	Parking - Lot or Parkade	\$ 10.00				1			
5/25/2018	Parking at Coast Plaza for CC Quality Meeting	AB - Local	Parking - Lot or Parkade	\$ 15.00				1			
6/1/2018	Parking at YEG airport for Connect Care trip to YYC	AB - Other Zones	Parking - Lot or Parkade	\$ 25.00				1			
6/1/2018	PEA Celebration	AB - Other Zones	Taxi	\$ 55.32	YYC Airport	Jubilations 1002 37 St SW		1			
6/4/2018	Overnight in YYC for ACPPC	AB - Other Zones	Accommodations	\$ 223.42			Room charge was \$199/00. With taxes total \$223.42	1			
6/5/2018	ACPPC meeting	AB - Other Zones	Taxi	\$ 35.65	YYC Airport	Delta Downtown		1			
6/6/2018	Executive Education	AB - Other Zones	Taxi	\$ 46.00	University of Calgary	YYC airport		1			
6/6/2018	Executive Education	AB - Other Zones	Accommodations	\$ 223.42			Basic rate \$199.00. With taxes rate was \$223.42	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		16-Jul-18							

**RECEIPT**  
**Transportation Services**

GST R 107448219  
 Ph # 780 497 5875

License Plate Number



Expiration Date/Time

**12:08 PM**  
**MAY 24, 2018**

Purchase Date/Time: 10:08am May 24, 2018  
 Total Due: \$10.00 Rate: \$10 for 2 Hr or less  
 Pmt Type: CC (Swipe)

Ticket # [Redacted]  
 S/N # [Redacted]  
 Setting: Surface Lot 5 East 1  
 Mach Name: Residence Surface

MasterCard

Auth # [Redacted]

KING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

ASSOCIATED CAB  
 ALLIED LIMOUSIN  
 307-41 AVENUE NE  
 CALGARY AB T2E 2N4  
 (403) 299 1111  
 CAR#584

**SALE**

Inv. # [Redacted] REF# [Redacted]  
 Iss. [Redacted] SEQ# [Redacted]  
 06/01/18 10:28:33  
 APPR CODE: [Redacted]  
 MASTERCARD

**AMOUNT \$48.10**  
**TIP \$7.22**  
**TOTAL \$55.32**

00 - APPROVED - 001

MasterCard



THANK YOU  
 CUSTOMER COPY

GST# R128599776

Edmonton Airports  
 Can-T5J 2T2 Edmonton  
 Tax Code CA5%

Exit Lane 01/06/18 19:21  
 Receipt [Redacted]

Short-term parking tkt  
 HL - No. 002767  
 01/06/18 07:42  
 01/06/18 19:21  
 Period 1d0h0'  
 (Tax) \$25.00  
**Total \$25.00**

Payment Received  
 MC \$25.00  
 Merch: [Redacted]  
 Auth: [Redacted]  
 Type: Swiped  
 Sub Total \$23.81  
 Tax 5% \$1.19

6039A5004 - 1/1

ASSOCIATED CAB  
 ALLIED LIMOUSIN  
 307-41 AVENUE NE  
 CALGARY AB T2E 2N4  
 (403) 299-1111

**SALE**

MID: [Redacted] REF#: [Redacted]  
 TID: [Redacted] SEQ: [Redacted]  
 Batch #: [Redacted] 22:40:12  
 06/05/18  
 APPR CODE: [Redacted]  
 MASTERCARD

**AMOUNT \$31.00**  
**TIP \$4.65**  
**TOTAL \$35.65**

00 - APPROVED - 001

MasterCard



THANK YOU  
 CUSTOMER COPY

may 24, 2018  
 \$ 10.00  
 Parking @ MacEwan  
 for ANEA-employer  
 feedback + NE PAB  
 Program requirements meeting

2 Km

June 01, 2018  
 \$ ~~48.10~~ 55.32  
 Taxi from Calgary  
 Airport to connect  
 care meeting  
 President's excellence  
 award

June 01, 2018  
 \$ 25.00  
 Parking @ airport  
 travel to Calgary  
 for connect care  
 +  
 President's excellence  
 Awards  
 Dinner Percheim  
 60 km Round Trip  
 S50 to YEG

June 5, 2018  
 \$ 35.65  
 Taxi from Calgary  
 airport to Delta Downtown  
 (+ Hotel receipt)

# RECEIPT

Impark Lot 02-161

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

License Plate Number

Expiration Date/Time

**08:43 PM**  
**MAY 25, 2018**

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
EST ACCOUNT: [REDACTED]  
TRIP NUMBER: [REDACTED]  
PASSENGERS: [REDACTED]

AB-06-2018  
START: 08:05  
DISTANCE: 206.00  
ESTIMATE: \$ 36.14

TAX AMOUNT: \$ 1.50  
TIP AMOUNT: \$ 6.00

**TOTAL \$ 43.64**

MATER CARD BAL: [REDACTED]

RECEIPT NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
1-800-299-8899  
SIN. RECHECKERGROUP.COM



Purchase Date/Time: 05:43pm May 25, 2018

Total Parking: \$14.29

Total GST: \$0.71

Total Due: \$15.00

Rate: \$15 - 3 Hours

Total Paid: \$15.00

Payment Type: Card

Ticket [REDACTED]

S/N #: [REDACTED]

Setting: [REDACTED]

Mach Name: Meter

[REDACTED] MasterCard

Auth # [REDACTED]

gst #887315638RT0005  
NO IN AND OUT PRIVILEGES

May 25 - \$15  
Parking for CC Audit and Quality to SCC  
PAC @ Coast Edmonton

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

June 6, 2018  
Taxi from Hotel to  
Calgary airport

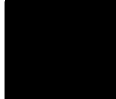
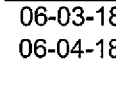
Round Trip Km  
60 km SSP to VEG




**MARRIOTT  
CALGARY AIRPORT  
IN-TERMINAL HOTEL**

**Calgary Airport Marriott In-Terminal Hotel  
2008 Airport Road NE Calgary, Alberta, Canada T2E 3B9  
Telephone: (403) 717-0522 Fax: (587) 232-0600**

Mr Sean Chilton

Room:   
 Folio:   
 Cashier:  
 Arrival: 06-03-18  
 Departure: 06-04-18

Date	Description	Additional Information	Charges	Credits
06-03-18	Room Charge		199.00	
06-03-18	Rooms Destination Market Fee		5.97	
06-03-18	Rooms Tourism Levy		8.20	
06-03-18	Room GST		10.25	
06-04-18	Master Card			223.42

GST Summary	
Reg No: 741907497 RT0001	
Room	10.25
F&B	0.00
Other	0.00
<b>Total</b>	<b>10.25</b>

Total	223.42	223.42
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

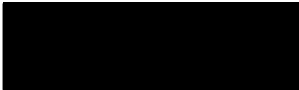
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.


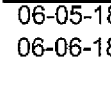


CALGARY DOWNTOWN

**209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6**  
**Tel: 403-266-1980 Fax: 403-205-5460**

**AB HEALTH SERVICES**  
**Mr Sean Chilton**



Room:   
 Folio:   
 Cashier:  
 Arrival: 06-05-18  
 Departure: 06-06-18

Date	Description	Additional Information	Charges	Credits
06-05-18	Room Charge		199.00	
06-05-18	Destination Marketing Fee (DMF)		5.97	
06-05-18	Rooms - Federal Tax - GST		10.25	
06-05-18	Tourism Levy		8.20	
06-06-18	Master Card			223.42

<b>GST Summary</b>		<b>Total</b>	223.42	223.42
Registration No: 826085417		<b>Balance Due</b>	0.00	CDN
Room	10.25			
F&B	0.00			
Other	0.00			
<b>Total</b>	<b>10.25</b>			

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 212.10									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/1/2018	President's Excellence Awards		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG airport	Travel to airport	1			60	
6/3/2018	ACPPC		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG Airport	Travel to airport	1			60	
6/5/2018	Executive Education		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG Airport	Travel to airport	1			60	
6/18/2018	Adoption Sessions - Connect Care		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG Airport	Travel to airport	1			60	
6/25/2018	AHS Senior Leaders Meeting		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG Airport	Travel to Renaissance Hotel - airport	1			60	
6/26/2018	PRIHS - first day		Mileage-Local-Home Zone	\$ 30.30	SSP	Executive Royal Inn Leduc	Travel both June 26 and June 27 - PRIHS	1			60	
6/27/2018	PRIHS - second day		Mileage-Local-Home Zone	\$ 30.30	SSP	YEG Airport	Trip to airport	1			60	
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		16-Jul-18								

## 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

<b>Name :</b> Sean Chilton	<b>Reporting Period for the Month of :</b> June
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
3-Apr-2018	Direct Billing	Airline Ticket	WestJet April 10 - Return trip, Edmonton to Calgary for Connect Care SME Direction Setting	Marlin Travel	438.70
3-Apr-2018	Direct Billing	Airline Ticket	WestJet April 25 - Return trip, Edmonton to Caglary for the AHS Board Meeting	Marlin Travel	264.90
23-Apr-2018	Direct Billing	Airline Ticket	WestJet April 25 - Ticket Amendment, Edmonton to Caglary for the AHS Board Meeting	Marlin Travel	153.34
25-Apr-2018	Direct Billing	Airline Ticket	WestJet April 25 - Ticket Amendment, Edmonton to Caglary for the AHS Board Meeting	Marlin Travel	188.76
1-May-2018	Direct Billing	Airline Ticket	WestJet May 3 - Return trip, Edmonton to Toronto for the National Nursing Data Standards Symposium	Marlin Travel	380.98
<b>Total Paid in the Month</b>					<b>\$ 1,426.68</b>





**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 03 Apr 18 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	339.74	0.00	\$0.00	98.96	0.00	438.70 CAD
<b>Total:</b>	<b>339.74</b>	<b>0.00</b>	<b>0.00</b>	<b>98.96</b>	<b>0.00</b>	<b>438.70 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/03/2018		[REDACTED]	438.70 CAD
		04/03/2018			0.00 CAD
				<b>Total Payment:</b>	<b>438.70 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL CLINICAL SYSTEM DESIGN MEETINGS

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----  
 \*\*\*\*\* PLEASE NOTE CHECKIN TIMES \*\*\*\*\* \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 03 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada

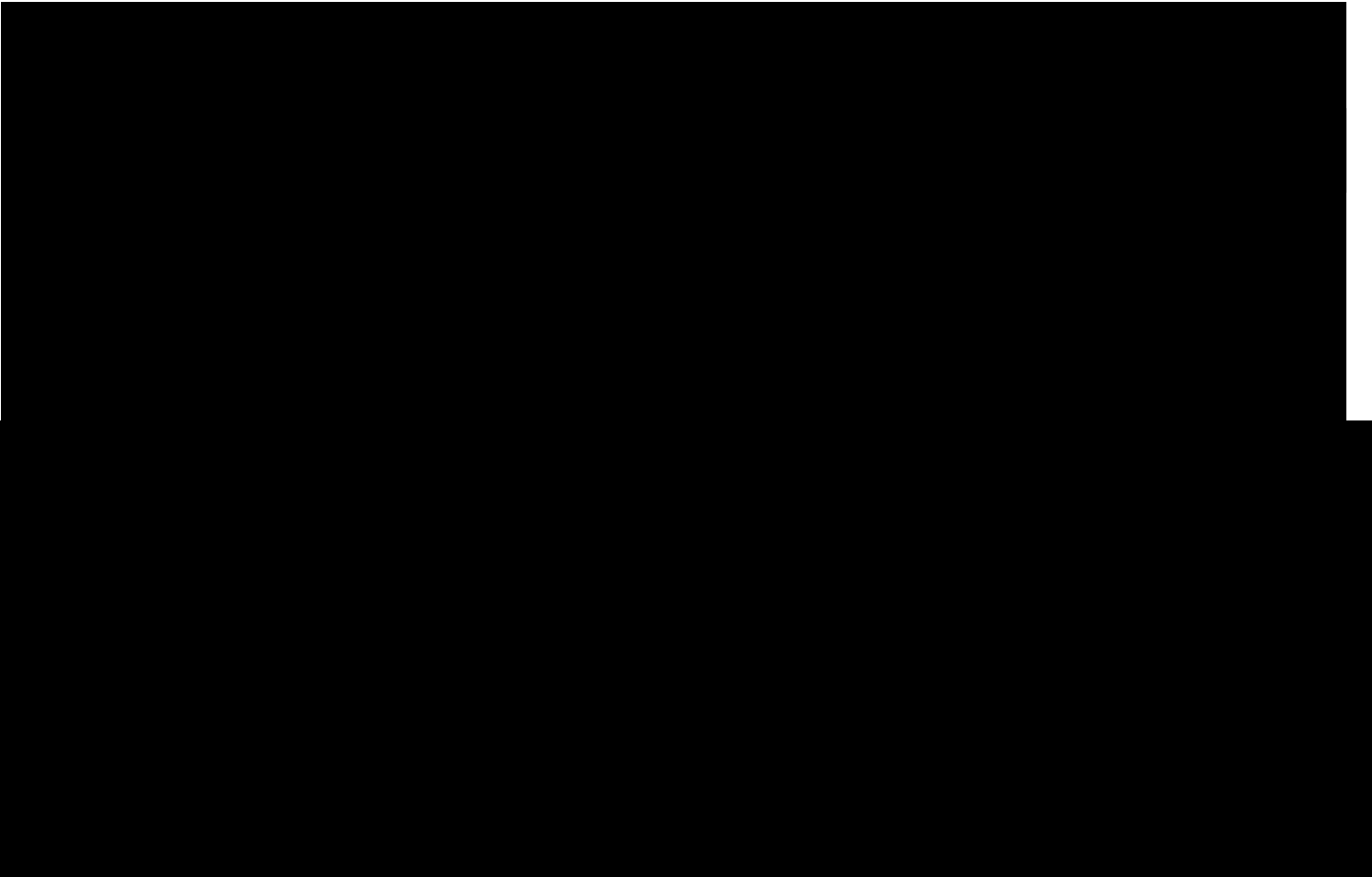


AIR

Passengers: SEAN CHILTON

Booking Date: 03 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03288	EDMONTON INTL 10 Apr 18 9:00PM		CALGARY INTL 10 Apr 18 9:54PM	M/	



ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 03 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON

Booking Date: 03 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03229	CALGARY INTL 12 Apr 18 6:15PM		EDMONTON INTL 12 Apr 18 7:07PM	V/	



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 03 Apr 18 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	165.94	0.00	\$0.00	98.96	0.00	264.90 CAD
<b>Total:</b>	<b>165.94</b>	<b>0.00</b>	<b>0.00</b>	<b>98.96</b>	<b>0.00</b>	<b>264.90 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/03/2018		[REDACTED]	264.90 CAD
		04/03/2018			0.00 CAD
				Total Payment:	264.90 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----  
 \*\*\*\*\* PLEASE NOTE CHECKIN TIMES \*\*\*\*\* \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 03 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON

Booking Date: 03 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03288	EDMONTON INTL 25 Apr 18 9:00PM		CALGARY INTL 25 Apr 18 9:54PM	I/	

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 03 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON

Booking Date: 03 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03229	CALGARY INTL 26 Apr 18 6:15PM		EDMONTON INTL 26 Apr 18 7:07PM	G/	

**Traveler****Passenger Name:**

CHILTON, SEAN MR

**e-Ticket Number:**

[REDACTED]

**Reservation Number:**

[REDACTED]

**Issue Date:**

April 23, 2018

**Agency Details****Agency Information:**

VISION TRAVEL

9929 - 108Th.Street Government Centre

Edmonton, AB T5K 1G8

Canada

**Agency Phone:**

780 425-8611 MARLIN TRAVEL 60-87935-

0/-CARLET

**Fare Information****Form Of Payment:**

[REDACTED]

This ticket was purchased with additional funds collected during a ticket exchange process. Additional payment was collected at the time of exchange in the amount of CAD 153.34

**Fare:**

CAD 219.28

**Taxes and Carrier-imposed fees:**

CAD 14.96 CA

CAD 60.00 SQ

CAD 24.00 YQ



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 25 Apr 18 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	88.76	0.00	\$0.00	0.00	100.00	188.76 CAD
<b>Total:</b>	<b>88.76</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100.00</b>	<b>188.76 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/25/2018		[REDACTED]	188.76 CAD
<b>Total Payment:</b>					<b>188.76 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
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 \*\*\*\*\* PLEASE NOTE CHECKIN TIMES \*\*\*\*\* \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR



ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 25 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada

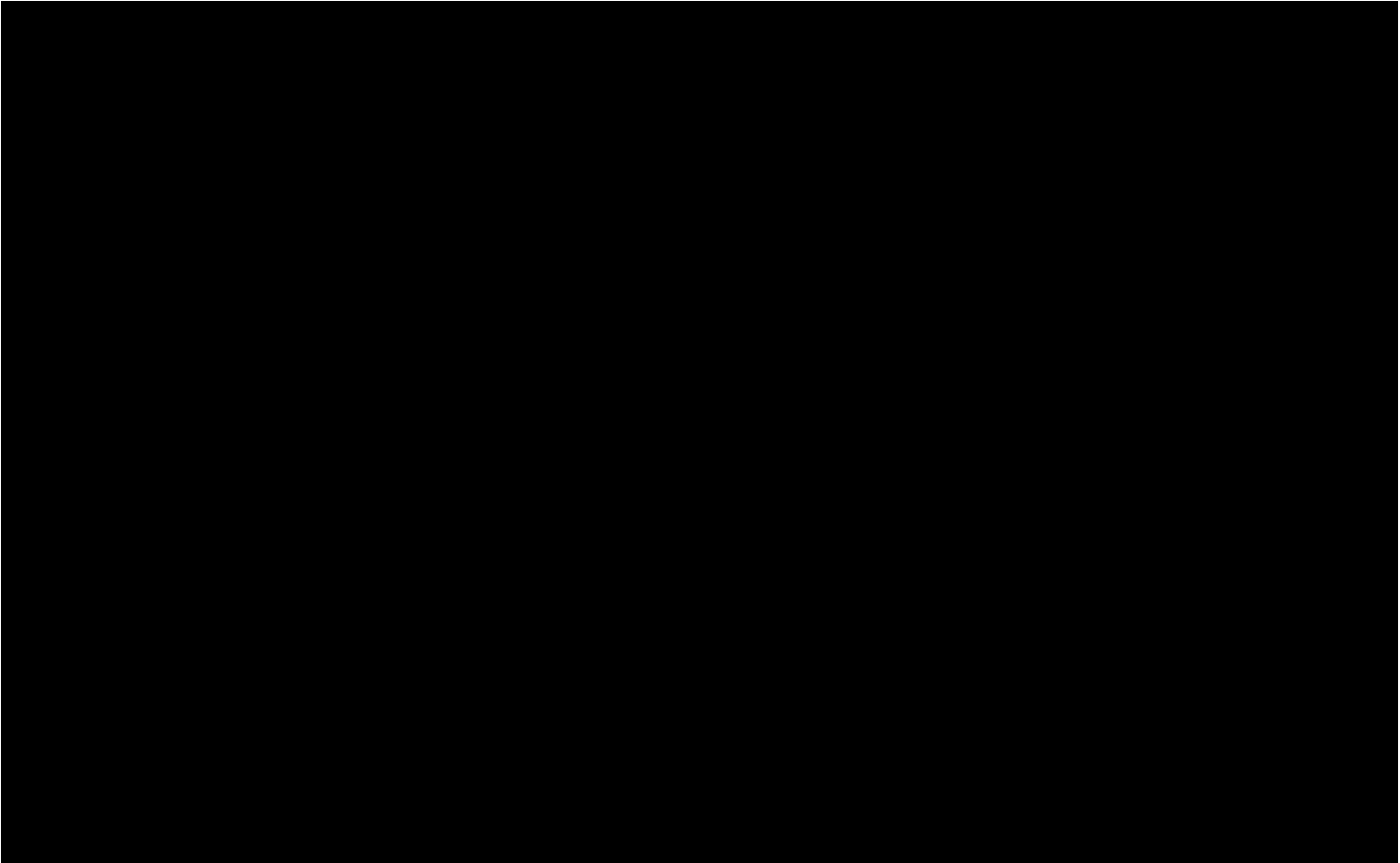


AIR

Passengers: SEAN CHILTON

Booking Date: 25 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03288	EDMONTON INTL 25 Apr 18 9:00PM		CALGARY INTL 25 Apr 18 9:54PM	I/	



ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 25 Apr 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON

Booking Date: 25 Apr 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03229	CALGARY INTL 26 Apr 18 6:15PM		EDMONTON INTL 26 Apr 18 7:07PM	Y/	



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 09 May 18 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED] <b>Agents email:</b> [REDACTED]@MARLINTRAVEL.CA  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	280.98	0.00	\$0.00	0.00	100.00	380.98 CAD
<b>Total:</b>	<b>280.98</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100.00</b>	<b>380.98 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/01/2018		[REDACTED]	380.98 CAD
Total Payment:					380.98 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL NATIONAL NURSING DATA SYMPOSIUM

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

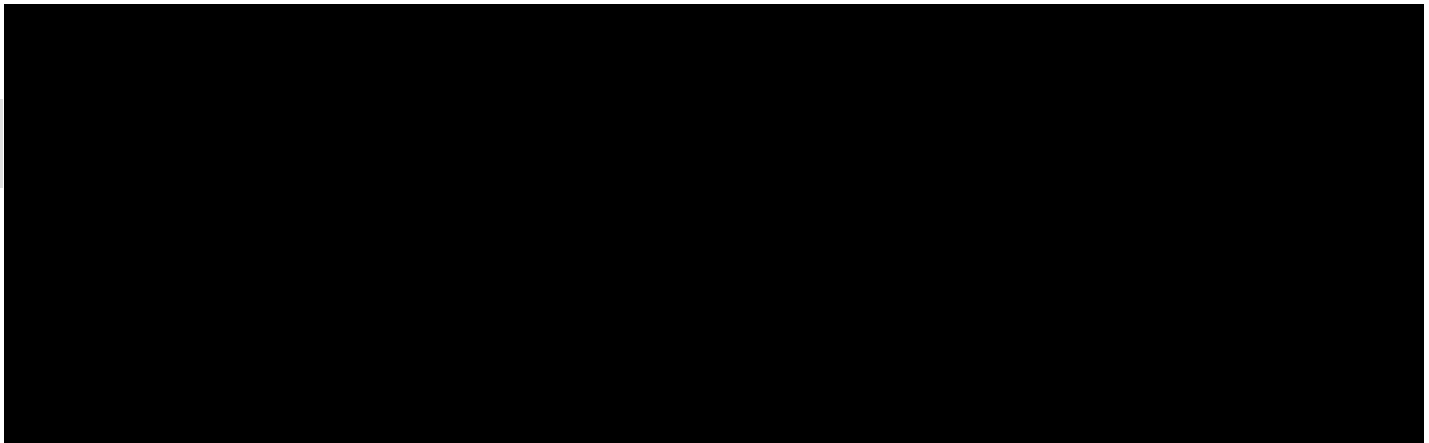
ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 09 May 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	SEAN CHILTON	Booking Date:	01 May 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00426	EDMONTON INTL 04 May 18 12:05AM		TORONTO PEARSON 04 May 18 5:47AM	L/	
WESTJET	00441	TORONTO PEARSON 05 May 18 6:00PM		EDMONTON INTL 05 May 18 8:05PM	I/	