

## Official Administrator and Executive Expense Report

**Name** Sharon Lehr  
**Title** Chief Program Officer Operational Benchmarking & Efficiency  
**Location** Edmonton  
 Expenses submitted during the month of November 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-15	Expense Claim	Meetings		65	276	511	852			320
Nov-15	Direct Billing	Meetings	413				413			
<b>Total</b>			\$ 413	\$ 65	\$ 276	\$ 511	\$ 1,265	\$ -	\$ -	\$ 320

**Total for the Month** \$ 1,585

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 127  
 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

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LEHR, SHARON	Chief Program Officer Operational Benchmarking & Efficiency	Edmonton	1,171.74

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/1/2015	Meeting: Executive Leadership Retreat	AB - Other Zones	Taxi	9.60			Taxi: Fairmont Hotel, Calgary to Enterprise to pick up car rental to travel to Canmore for ELT meeting.	1			
11/1/2015	Meeting: Executive Leadership Retreat	AB - Other Zones	Others	119.54			Accommodation for Nov. 1: Attended ELT Retreat in Canmore Nov. 2 & 3, 2015	1			
11/2/2015	Meeting: Executive Leadership Retreat	AB - Other Zones	Others	200.44			Accommodation for Nov. 2: Attended ELT Retreat in Canmore	1			
11/3/2015	Meeting: Executive Leadership Retreat	AB - Other Zones	Car Rental	151.66			Car Rental in Calgary to travel to Canmore for ELT retreat Nov. 2 & 3	1			
11/17/2015	Meetings: Benchmarking	AB - Other Zones	Accommodations	276.10			Accommodations for two nights in Calgary : Attend Benchmarking meetings	2			
11/17/2015	Meetings: Benchmarking	AB - Local	Taxi	42.50			Taxi: Royal Alex Hospital to EIA - flight to Calgary to attend Benchmarking meetings at Peter Lougheed, Rockyview & FMC	1			
11/17/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	30.00			Taxi: Calgary Airport to Hampton Hotel	1			
11/18/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	24.00			Taxi: Rockyview Hospital to Hampton Hotel	1			
11/18/2015	Meetings: Benchmarking		Meals Per Diem	32.35			Lunch/Dinner	1			
11/18/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	42.00			Taxi from Hampton Hotel to Peter Lougheed Hospital	1			
11/19/2015	Meetings: Benchmarking	AB - Local	Taxi	56.00			Taxi: Edmonton Airport to Home	1			
11/19/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	45.00			Taxi: Foothills Medical Clinic to Calgary Airport for flight to Edmonton	1			
11/19/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	35.80			Taxi: Southport Office to Foothills Medical Clinic	1			
11/19/2015	Meetings: Benchmarking	AB - Other Zones	Taxi	49.20			Taxi: Hampton Hotel to Southport Office	1			

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/19/2015	Meetings: Benchmarking		Meals Per Diem	32.35			Lunch/Dinner	1			
11/25/2015	Meetings: Benchmarking	AB - Local	Taxi	13.60			Taxi: SSP to Royal Alex Hospital to attend Benchmarking meetings	1			
11/25/2015	Meetings: Benchmarking	AB - Local	Taxi	11.60			Taxi: Royal Alex Hosp. to SSP	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		3-Feb-16							

**Thank You** for Choosing  
**Do not Drink & Drive Call Us**  
403-777-1111



Driver: [REDACTED] Car # [REDACTED]  
Date Nov 1, 2015 Amount \$ 9.60  
From: Palisade Hotel  
To: Enterprise 9 Ave SW  
GST Included # \_\_\_\_\_

(Nov. 1, 2015 - \$9.60)  
Taxi: Fairmont Hotel Calgary to Enterprise  
Pick up car rental to travel to Canmore

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

DATE: 2015/11/17  
PICK-UP TIME: 19:48  
DROP-OFF TIME: 28:12  
TRIP ID: 0  
LOCATION: 073888-45024103707  
CAR NUMBER: 1195  
DRIVER: 657885-45024103707  
CARD TYPE: VISA  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) : 42.50  
EXTRA (\$) : 8.00  
SUBTTL (\$) : 42.50

TIP (\$) : \_\_\_\_\_

TOTAL (\$) : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

CUSTOMER'S COPY

**Thank You** for Choosing  
**Do not Drink & Drive Call Us**  
403-777-1111



Driver: \_\_\_\_\_ Car # \_\_\_\_\_  
Date Nov-17-15 Amount \$ \$30.00  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
GST Included # \_\_\_\_\_

(Nov. 17, 2015 - \$30.00) Taxi: Calgary  
Airport to Hampton Hotel: Attend  
Benchmarking meetings

(Nov. 17, 2015 - \$42.50) Taxi: Royal Alex  
Hospital to EIA - Flight to Calgary: Attend  
Benchmarking meetings at Peter Lougheed  
Centre, Rockyview Hospital & Foothills  
Medical Centre Nov 18 & 19

**Stoneridge Resort**  
 30 Lincoln Park  
 Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Sharon Lehr



Room	Folio	CheckIn	CheckOut	Balance
		11/01/15	11/03/15	-0.01
First Night				

Date	Room	Description / Voucher	Charges	Credits	Balance
11/03/15		Room Taxable	212.96	0.00	212.96
11/03/15		Resort Fee - 3%	6.39	0.00	219.35
11/03/15		Alberta Tourism Levy - 4%	8.77	0.00	228.12
11/03/15		GST - 5%	10.97	0.00	239.09
11/03/15			0.00	119.55	119.54
11/03/15			0.00	119.55	-0.01
		<b>Balance Due</b>			<b>-0.01</b>
		<b>Summary and Taxes</b>			
		Taxable Sales	212.96		
		Resort Fee - 3%	6.39		
		Alberta Tourism Levy - 4%	8.77		
		GST - 5%	10.97		
(Nov. 1, 2015 - \$119.54) Accommodation : Attend ELT Retreat in Canmore					
ELT retreat disclosed under "Others"					

**Stoneridge Resort**  
 30 Lincoln Park  
 Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Sharon Lehr



Room	Folio	CheckIn	CheckOut	Balance
		11/01/15	11/03/15	0.00
Master Folio		Meeting Room Package Executive		

Date	Room	Description / Voucher	Charges	Credits	Balance
11/01/15		Meeting Room Package Executive	367.00	0.00	367.00
11/01/15		GST	18.67	0.00	385.67
11/01/15		Resort Fee	6.41	0.00	392.08
11/01/15		Alberta Tourism Levy	8.80	0.00	400.88
11/03/15			0.00	200.44	200.44
11/03/15			0.00	200.44	0.00
		Balance Due			0.00
		<b>Summary and Taxes</b>			
		Taxable Sales	367.00		
		Resort Fee - 3%	6.41		
		Alberta Tourism Levy - 4%	8.80		
		GST - 5%	18.67		

(Nov. 2, 2015 - \$200.44) Accommodation:  
 Attend ELT Retreat in Canmore.

ELT retreat disclosed under "Others"



### Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2  
Phone (403) 289-9800 • Fax (403) 289-9200  
www.hamptoncalgary.com

LEHR, SHARON

name  
address

room number: [REDACTED]  
arrival date: 11/17/2015 8:16:00 PM  
departure date: 11/19/2015

adult/child: [REDACTED]  
room rate: [REDACTED]

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan:  
HH #  
AL:  
Car:

Confirmation Num [REDACTED]

11/19/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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 association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description	amount
11/17/2015	[REDACTED]	GUEST ROOM	\$126.65
11/17/2015	[REDACTED]	ROOM TAX	\$5.07
11/17/2015	[REDACTED]	GST 129123600 RT 0004	\$6.33
11/18/2015	[REDACTED]	GUEST ROOM	\$126.65
11/18/2015	[REDACTED]	ROOM TAX	\$5.07
11/18/2015	[REDACTED]	GST 129123600 RT 0004	\$6.33
11/19/2015	[REDACTED]	[REDACTED]	(\$276.10)
			\$0.00

(Nov. 17 & 18, 2015 - \$276.10)  
Accommodations for two nights: Attend Benchmarking meetings

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. [REDACTED]	date of charge 11/19/2015	folio/check no. [REDACTED]
card member name LEHR, SHARON	authorization [REDACTED]	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-276.10

Driver # [REDACTED] Car [REDACTED]  
To: Peter Lougheed Hospital  
From: Hampton Inn Stadium High  
Date: Nov 18 2015 Amount: \$42.00  
GST# \_\_\_\_\_

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

DATE: 2015/11/18  
PICK-UP TIME: 16:00  
DROP-OFF TIME: 16:17  
TRIP ID: 8  
LOCATION: 873888-45824103707  
CAR NUMBER: 8578  
DRIVER: 874584  
CARD TYPE: VISA  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

(Nov. 18, 2015 - \$42.00) Taxi from Hampton  
Hotel to Peter Lougheed Hospital

FARE (\$) 24.00  
EXTRA (\$) 0.00  
SUBTTL (\$) 24.00

TIP (\$) \_\_\_\_\_

TOTAL (\$) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

(Nov. 18, 2015 - \$24.00) Taxi:  
Rockyview Hospital to Hampton Hotel

CALGARY UNITED CABS  
5660 10TH ST NE  
SUITE 8  
CALGARY AB T2E 8W7  
(403) 777-1111

**SALE**

MD: 5569122 GST: 829476373RT0001  
TID: F5569122 REF#: [REDACTED]  
Batch #: 098 SEQ: 098001001025  
11/19/15 08:27:55  
CVC: Y

APPR CODE: [REDACTED]  
VISA  
[REDACTED]

AMOUNT \$44.20  
TIP \$6.00  
TOTAL \$49.20

00 - APPROVED - 001

Visa Credit  
AID: A0000000031010  
TVR: 00 00 00 80 00  
TS: F8 00

CUSTOMER COPY

(Nov. 19, 2015 - \$49.20)  
Taxi: Hampton Hotel to Southport Office



316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: 314-652-224  
MERCHANT ID: 432765LM  
VEHICLE ID: 0463  
DRIVER ID: 5715  
GST ACCOUNT #: 069550301  
TRIP NUMBER: 5264350  
PASSENGERS: 1

11/19/2015  
START: 14:06  
DISTANCE: 153.00  
END: 14:24  
RATE: 1

FARE AMOUNT: \$ 29.33

TAX AMOUNT: \$ 1.47  
TIP AMOUNT: \$ 5.00

TOTAL : \$ 35.80

VISA SALE :

APPROVAL NUMBER :

PASSENGER COPY

THANK YOU  
1-800-329-9999  
WWW.THECHECKERGROUP.COM



(Nov. 19, 2015 - \$35.80)  
Taxi: Southport Office to Foothills Medical  
Clinic

**Mayfair**  
TAXI

PHONE: 255-6555  
221-Taxi (8294)  
1-888-995-6555

Calgary, Alberta

Fare Amount: \$45.00 Date: 2015/11/19

To: \_\_\_\_\_ From: \_\_\_\_\_

Car No: \_\_\_\_\_ Driver: \_\_\_\_\_

THANK YOU FOR RIDING WITH US

(Nov. 19, 2015 - \$45.00)

Taxi: Foothills Medical Clinic to Calgary  
Airport for flight to Edmonton

Date Nov 19 2015 Amount: \$56.00  
G.S.T. included

From YES

To Downtown South

To \_\_\_\_\_

Driver \_\_\_\_\_ Car# \_\_\_\_\_

780-425-2525 780-425-8310

www.co-optaxi.com

(Nov. 19, 2015 - \$56.00)

Taxi: EIA to Home

Co-op Taxi Line  
(780)425-2525  
www.co-optaxi.com

-----  
Terminal 106/66234666  
Driver 1949  
15/11/25 12:54:41

VISA

Card : [REDACTED]

Visa Credit

CHIP CARD

AID : A0000000031010

TVR : 0000008000

VERIFIED BY PIN

Ref # [REDACTED]

Auth # [REDACTED]

		PURCHASE
FARE	: \$	11.60
TIP	: \$	2.00
-----		
TOTAL	: \$	13.60

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

Merchant Copy

(Nov. 25, 2015 - \$13.60)  
Taxi: SSP to Royal Alex Hosp. Attend  
Benchmarking meetings

Co-op Taxi Line  
(780)425-2525  
www.co-optaxi.com

-----  
Terminal 319/66233657  
Driver 4983  
15/11/25 14:27:52

VISA

Card : [REDACTED]

Visa Credit

CHIP CARD

AID : A0000000031010

TVR : 0000008000

Ref # [REDACTED]

Auth # [REDACTED]

		PURCHASE
FARE	: \$	9.60
TIP	: \$	2.00
-----		
TOTAL	: \$	11.60

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

Customer Copy

(Nov. 25, 2015 - \$11.60)  
Taxi: Royal Alex to SSP



Enterprise Plus

Emerald Club

**Rental Receipt - Thank you for your business**

ALBERTA HEALTH SERVICES  
SHARON LEHR

Contract Number: [REDACTED]  
Receipt Date: **Nov 3, 2015**

**Enterprise Location:** 1036 - 9 AVENUE SW  
CALGARY, AB T2P1L9  
CA  
Tel.: (403) 212-5232

**Driver:** SHARON LEHR

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Nov 1, 2015 @ 11:24 am	Nov 3, 2015 @ 3:25 pm	JEEP WRAN	21,224	21,300	76
<b>Total km</b>					<b>76</b>

Charge Description	Quantity	Per	Rate	Total
Rate	3	Day	45.00	135.00
VLF				2.37
ONE WAY/FRAIS ALLER SIMPLE				7.07
<b>Taxes and Surcharges</b>				<b>Subtotal: CAD 144.44</b>

GST				7.22
<b>Total Charges:</b>				<b>CAD 151.66</b>

Payment Information				
CREDIT CARD	VISA			151.66
<b>Total Payment Amount:</b>				<b>CAD 151.66</b>

If you have any questions about this receipt please contact our support staff at (403) 212-5232 or [Email us](#).

**Nov. 1, 2015 - \$151.66)**  
Car Rental: Travel to Canmore for ELT  
Retreat Nov. 1 & 2

## Expenses Report Direct Bill 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

<b>Name :</b> Sharon Lehr	<b>Reporting Period for the Month of :</b> Nov-15
---------------------------	---------------------------------------------------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17/11/2015	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary (Invoice Number ██████) Attended Benchmarking meetings at Foothills Medical Centre, Peter Lougheed Centre and Rockyview Hospital	Marlin Travel	\$162.94
19/11/2015	Direct Billing	Airline Ticket	Flight - Calgary to Edmonton (Invoice Number ██████) Attended Benchmarking meetings Nov. 18 & 19, 2015	Marlin Travel	\$181.54
27/10/2015	Direct Billing	Airline Ticket	Change Fee - (Invoice Number ██████) changed flight from Oct 28 to Oct. 27 to attend Benchmarking meetings at FMC, South Health Campus and Executive Leadership Team Retreat.	Marlin Travel	\$68.60
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 413.08</b>

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: November 4, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

MS SHARON LEHR  
AC [REDACTED]

Tuesday, November 17, 2015

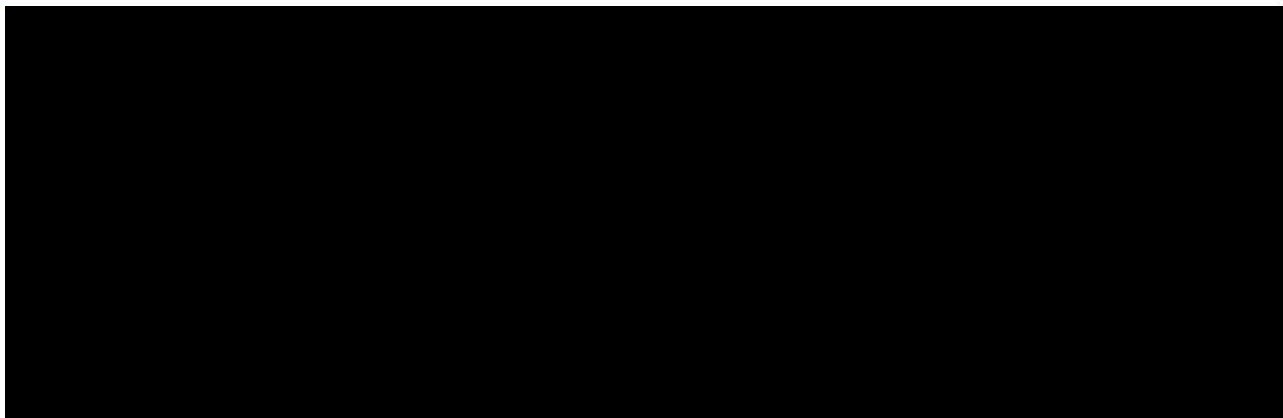
## Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 17Nov15  
AIR CANADA E  
TICKET NUMBER [REDACTED]  
SEAT 7D

Flight: 8153 G CLASS  
06:40 PM Equipment: DH4  
07:30 PM

Mile(s) Flown: 163

## Hotel



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

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

# INVOICE

<b>Cost:</b>	
AIR CANADA WEB [REDACTED]	125.46
	Tax: 37.48
	<b>Ticket Total: 162.94</b>
<b>Total:</b>	
	Grand Total: 162.94
	Less Credit Card Payments: 162.94
	Credit / Balance Due To This Invoice: 0.00
	<b>Total Balance Due: 0.00</b>

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:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

November 16, 2015

1/2

## INVOICE

For

MS SHARON LEHR

AC

Tuesday, November 17, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 17Nov15

AIR CANADA E

TICKET NUMBER

SEAT 7D

Flight: 8153 G CLASS

06:40 PM Equipment: DH4

07:30 PM

Mile(s) Flown: 163

Thursday, November 19, 2015

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

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

# INVOICE

Thursday, November 19, 2015

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 19Nov15  
AIR CANADA E  
SEAT 9C - LEHR/SHARON MS

Flight: 8170 V CLASS  
07:20 PM Equipment: DH4  
08:10 PM

Mile(s) Flown: 163

## Cost:

AIR CANADA WEB [REDACTED]	144.06
Tax:	37.48
<b>Ticket Total:</b>	<b>181.54</b>

## Total:

<b>Grand Total:</b>	181.54
Less Credit Card Payments:	181.54
<b>Credit / Balance Due To This Invoice:</b>	0.00
Total Previous Payments:	162.94
Total Charges Previous Invoices:	162.94
<b>Total Balance Due:</b>	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: October 23, 2015  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE

Tuesday, November 3, 2015

 Air

AIR CANADA  
From: CALGARY AB Flight: 8172 G CLASS  
To: EDMONTON INTL AB 05:55 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 03Nov15 06:49 PM Mile(s) Flown: 163  
AIR CANADA E  
SEAT 6D - LEHR/SHARON MS  
TICKET NUMBER [REDACTED]

**Cost:**

AIR CANADA WE [REDACTED]	[REDACTED]	18.60
	<b>GST:</b>	<del>17.19</del>
	<b>Ticket Total:</b>	<del>35.79</del>
AIR CANADA WE [REDACTED]	[REDACTED]	50.00

**Total:**

<b>Grand Total:</b>	85.79
<b>Less Credit Card Payments:</b>	85.79
<b>Total GST/HST:</b>	<del>17.19</del>
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

**\$68.60**

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.