

AHS Board and Executive Expense Report

Name Sharon Lehr
Title Chief Program Officer Operational Best Practices
Location Edmonton
 Expenses submitted during the month of November 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)
Nov-16	Expense Claim	Meetings		95	302	294	691			
Nov-16	Direct Billing	Meetings	803				803			
Total			\$ 803	\$ 95	\$ 302	\$ 294	\$ 1,494	\$ -	\$ -	\$ -

Total for the Month \$ 1,494

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 164
 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 Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LEHR, SHARON	Chief Program Officer, Operational Best Practices	Edmonton	\$ 691.18

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/19/2016	Meetings	AB - North Zone	Accommodations	\$ 117.72			One night accommodation (Oct. 31, 2016) Attend Senior Leaders Meeting	1			
10/19/2016	Meeting	AB - Local	Taxi	\$ 38.28			Taxi from home to YYC Airport for flight to YEG Airport to attend Senior Leaders Meeting	1			
10/20/2016	Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Meals: Breakfast, Lunch & Dinner - attended meetings at Seventh Street Plaza Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
10/20/2016	Meetings	AB - North Zone	Taxi	\$ 55.00			Taxi from YEG Airport to Seventh Street Plaza to attend meetings	1			
10/31/2016	Meetings	AB - North Zone	Taxi	\$ 60.00			Taxi from YEG Airport to Seventh Street Plaza to attend Union Meetings and other various meetings.	1			
10/31/2016	Meetings	AB - Local	Taxi	\$ 34.40			Taxi from home to YYC Airport for flight to YEG Airport to attend Union meetings and other various meetings at Seventh Street Plaza	1			
10/31/2016	Meetings	AB - North Zone	Accommodations	\$ 184.13			One night accommodation (Oct. 31, 2016) to attend meetings at Seventh Street Plaza	1			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LEHR, SHARON	Chief Program Officer, Operational Best Practices	Edmonton	\$ 691.18

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/1/2016	Meetings	AB - Local	Taxi	\$ 40.90			Taxi from YYC Airport to Home (Return flight from YEG Airport)	1			
11/1/2016	Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Meals: Breakfast, Lunch & Dinner - attended meetings at Seventh Street Plaza Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
11/1/2016	Meetings	AB - North Zone	Taxi	\$ 59.00			Taxi from Seventh Street Plaza to YEG Airport. Attended meetings at SSP.	1			
11/2/2016	Meetings	AB - Local	Parking - Lot or Parkade	\$ 6.75			Parking at Rocky View General Hospital to attend Directors meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	18-Jan-17

Executive Royal Hotel Leduc

8450 SPARROW DRIVE
LEDUC, AB T9E7G4



EXECUTIVE ROYAL HOTEL

(780) 986-1840

info.ertl@royalhotelgroup.ca

® www.executivehotels.net

879535953RT0004

12

C/O 10/20/2016 06:58 AM so

Registered To:

LEHR, SHARON

., AB .

Room #

Conf #

Arrival

Departure

Room Type

Guests

Payment

Acct

10/19/16

10/20/16

C2D-Classic 2 Quee

1 / 0

Visa/Master

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/19/16	so		ROOM CHRG REVENUE			\$108.00
10/19/16	so		GST			\$5.40
10/19/16	so		ALBERTA TOURISM LEVY			\$4.32
10/20/16	so		PAYMENT VISA			\$117.72-

Balance Due	\$0.00
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THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X _____
GUEST SIGNATURE

Signature

REVIEW US ON TRIP ADVISOR - Search "EXECUTIVE ROYAL HOTEL LEDUC-NISKU



ASSOCIATED CAB
 ALLIED LIMOUSIN
 307-41 AVENUE NE
 CALGARY AB T2E 2N4
 (403) 299-1111
 CAR#60

SALE

MID: [REDACTED]
 TID: [REDACTED] REF#: [REDACTED]
 Batch #: [REDACTED] SEQ: [REDACTED]
 10/19/16 05:43:13
 APPR CODE: [REDACTED] CVC: Y
 VISA
 [REDACTED]

AMOUNT	\$34.80
TIP	\$3.48
TOTAL	<u>\$38.28</u>

00 - APPROVED - 001

Visa Credit



THANK YOU
 CUSTOMER COPY

NEONLIGHT LIMO/METRO T
8125 SHASKE DR NW T6R0B5
EDMONTON AB
22392357
GH2239235701

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#190

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

**** PURCHASE ****

10-20-2016 07:37:03

Exp Date Card Type VI
Name: SHARON P LEHR

Visa Credit

Trace #

Inv. #

Auth #

RRN

Purchase \$50.00

Tip \$5.00

Total \$55.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

SALE

MED

TR

Batch #

10/31/16

APPR CODE:

VISA

REF#

SEQ

17.1537

CVC: Y

AMOUNT \$34.40

00 - APPROVED - 001

VISA

Thank You

CUSTOMER COPY

Terminal 231/66233631
Driver 1464
16/10/31 19:29:09

VISA

Card :

Visa Credit

CHIP CARD

VERIFIED BY PIN

Ref #

Auth #

PURCHASE

FARE : \$ 55.00

TIP : \$ 5.00

TOTAL : \$ 60.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi

16

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

Sharon Lehr
Alberta Health Services Ii

Page Number : 1 Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 31-OCT-16 19:34
Folio ID : A Depart Date: 01-NOV-16 06:11
No. Of Guest: 1
Room Number : [REDACTED]
Room Rate : 164.00
Club Account: [REDACTED]

Email: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 01-NOV-16 06:12 [REDACTED]

Date	Reference	Description	Charges	Credits
31-OCT-16	[REDACTED]	Room Charge	164.00	
31-OCT-16	[REDACTED]	GST	8.45	
31-OCT-16	[REDACTED]	Destination Marketing Fee	4.92	
31-OCT-16	[REDACTED]	Tourism Levy	6.76	
01-NOV-16	[REDACTED]	[REDACTED]		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin.com/newbalance

Continued on the next page

17

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

Terminal 442/66233638
Driver 1390
16/11/01 19:44:20

VISA
Card :
Visa Credit
CHIP CARD

VERIFIED BY PIN
Ref #
Auth #

		PURCHASE
FARE	: \$	54.00
TIP	: \$	5.00

TOTAL	: \$	59.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi

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

18

SALE

MID:
TID:
Batch 11/01/16
REF#:
SEQ: 23:35:11
CVC: Y

APPR CODE:
VISA

AMOUNT	\$35.90
TIP	\$5.00
TOTAL	\$40.90

00 - APPROVED - 001

Visa Credit

THANK YOU
CUSTOMER COPY

19

Alberta Health
Services
RGH Lot 1

RECEIPT

ENTRY DATE/TIME:
02/11/16 14:51
PAY DATE/TIME:
02/11/16 16:14
PARK-DUR.: HRS:MIN
0:01:23

ALLOWED EXIT TO:
02.11.16 16:36

PAID: \$ 6.75
VISA

REF.

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-943-3725 *

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 : Sharon Lehr	Reporting Period for the Month of : Nov-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Oct-2016	Direct Billing	Airline Ticket	Flight - Calgary to Edmonton (Invoice # ██████ Attended Senior Leaders Meeting at Renaissance Edmonton Airport Hotel	Marlin Travel	359.26
31-Oct-2016	Direct Billing	Airline Ticket	Flight - Calgary to Edmonton (Invoice # ██████ Attended OBP Meetings in Edmonton	Marlin Travel	359.26
1-Nov-2016	Direct Billing	Choose from Drop-down List	Change Fee - Return Flight to Calgary (invoice #0 ██████ Changed return flight time from 10:10pm to 6:00pm	Marlin Travel	84.50
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 803.02



Invoice

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 14 Oct 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
---	---

PASSENGERS: MS SHARON LEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	284.30	0.00	\$0.00	74.96	0.00	359.26 CAD
Total:	284.30	0.00	0.00	74.96	0.00	359.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/13/2016			0.00 CAD
	[REDACTED]	10/13/2016		[REDACTED]	359.26 CAD
Total Payment:					359.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SR LEADERS MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** 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 -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SHARON LEHR	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:	SHARON LEHR	Booking Date:	13 Oct 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 19 Oct 16 7:00AM		EDMONTON INTL 19 Oct 16 7:54AM	W/	



AIR

Passengers:	SHARON LEHR	Booking Date:	13 Oct 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 20 Oct 16 4:50PM		CALGARY INTL 20 Oct 16 5:42PM	W/	



Invoice

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 26 Oct 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
---	---

PASSENGERS: MS SHARON LEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	284.30	0.00	\$0.00	74.96	0.00	359.26 CAD
Total:	284.30	0.00	0.00	74.96	0.00	359.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED] 4	10/25/2016		[REDACTED]	359.26 CAD
Total Payment:					359.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** 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 -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 26 Oct 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SHARON LEHR	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:	SHARON LEHR	Booking Date:	24 Oct 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 31 Oct 16 6:00PM		EDMONTON INTL 31 Oct 16 6:50PM	W/	



AIR

Passengers:	SHARON LEHR	Booking Date:	24 Oct 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08143	EDMONTON INTL 02 Nov 16 12:10PM		CALGARY INTL 02 Nov 16 1:06PM	W/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 28 Oct 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MS SHARON LEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
AIR CANADA ONLINE Confirmation # [REDACTED]	9.50	0.00	\$0.00	0.00	0.00	9.50 CAD
Total:	84.50	0.00	0.00	0.00	0.00	84.50 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/25/2016			0.00 CAD
	[REDACTED]	10/28/2016		[REDACTED]	75.00 CAD
	[REDACTED]	10/28/2016		[REDACTED]	9.50 CAD
Total Payment:					84.50 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** 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***
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 28 Oct 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SHARON LEHR	Not Specified	Not Specified

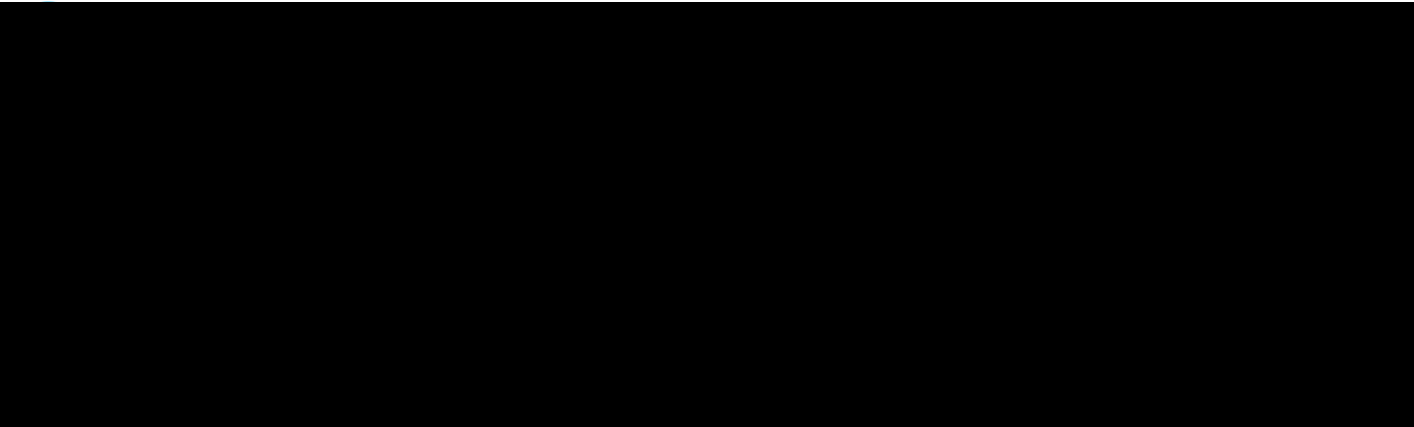
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SHARON LEHR	Booking Date: 24 Oct 16					
	File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 31 Oct 16 6:00PM		EDMONTON INTL 31 Oct 16 6:50PM	W/	

Passengers: SHARON LEHR	Booking Date: 24 Oct 16
	File Locator/Ticket #: [REDACTED]



AIR

Passengers: SHARON LEHR	Booking Date: 24 Oct 16					
	File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08163	EDMONTON INTL 01 Nov 16 10:10PM		CALGARY INTL 01 Nov 16 11:02PM	V/	

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

Trip #: [REDACTED]
Booking Date: 28 Oct 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

Passengers: SHARON LEHR

Booking Date: 24 Oct 16
File Locator/Ticket #: [REDACTED]