

## AHS Board and Executive Expense Report

**Name** Dr. Ted Braun  
**Title** VP & Medical Director Central & Southern Alberta (Acting)  
**Location** Calgary  
 Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings			396	212	608			
Sep-16	Expense Claim	Meetings		121		331	452			
Sep-16	Direct Billing	Meetings	1,112				1,112			
<b>Total</b>			\$ 1,112	\$ 121	\$ 396	\$ 543	\$ 2,172	\$ -	\$ -	\$ -

**Total for the Month**      \$      2,172

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month      \$      189  
 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

<u>BRAUN, THEODORE</u> Cardholder's Name	<u>ACTING-VP AND MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/09/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount	<u>\$607.62</u>
<u>TED.BRAUN@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>		

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/08/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40		00 Parking at Calgary Airport while in Edmonton for ELT
08/09/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40		00 Parking at Calgary Airport while in Edmonton for ELT
12/09/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77		00 Hotel accommodations while in Edmonton for ELT
13/09/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	39.85	CAD	39.85	1.90		00 Parking at the Calgary Airport while in Edmonton for ELT
14/09/2016	[REDACTED]	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43		00 Parking while in Airdrie for Airdrie meeting with Verna
14/09/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	243.69	CAD	243.69	11.80		00 Hotel accommodations while in Edmonton for ELT
15/09/2016	[REDACTED]	INDIGO - THE BOW, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	5.00	24		Parking while presenting at ACCA Conference
15/09/2016	[REDACTED]	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14		00 Parking in Edmonton while at SSP
15/09/2016	[REDACTED]	MPARK00030286U, AUTOMOBILE PARKING LOTS AND GARAGES	3.00	CAD	3.00	14		00 Additional parking at SSP
15/09/2016	[REDACTED]	AHS EGCCC PARKING LOTS, AUTOMOBILE PARKING LOTS AND	2.25	CAD	2.25	11		Parking at the Edmonton General
15/09/2016	[REDACTED]	INDIGO - THE BOW, AUTOMOBILE PARKING LOTS AND GARAGES	17.00	CAD	17.00	81		Parking while at the PCN Forum

1  
2  
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*[Handwritten signature]*

<b>Signature</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Cardholder BRAUN, THEODORE	Cardholder Position/Title ACTING-VP AND MEDICAL	
Signature of Cardholder	Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Dr. Verna Yiu	Approver Position/Title President + CEO	
Signature of Approver	Date of Signature Oct 3, 2016	
<b>Attach:</b>		
<ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable.</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
<b>Reference #:</b>		
Reference #:	Reviewed by	Date

ID # [REDACTED]

**RECEIPT**  
**GST NO. R122556194**

*Parking @ Airport  
write @ ELT in Edmonton*

EXIT No. [REDACTED]  
IN: 08/23/16 06:10  
OUT: 08/23/16 19:07  
DURATION: 0 12: 57  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



ID # [REDACTED]

**RECEIPT**  
**GST NO. R122556194**

EXIT No. [REDACTED]  
IN: 09/08/16 07:05  
OUT: 09/08/16 14:21  
DURATION: 0 07: 16  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

*Parking @ Airport  
while in Edmonton  
for ELT.*

ID # [REDACTED]

Hotel while in  
Edmonton for ECT

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

# WESTIN®

HOTELS & RESORTS

Ted Braun  
[REDACTED]

Page Number : 1 Invoice Nbr : [REDACTED]  
Guest Number : [REDACTED]  
Folio ID : [REDACTED]  
Arrive Date : 12-SEP-16 21:14  
Depart Date : 13-SEP-16 06:11  
No. Of Guest : 1  
Room Number : [REDACTED]  
Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 14-SEP-16 18:27 JACKKIA

Date	Reference	Description	Charges (CAD)	Credits (CAD)
12-SEP-16	[REDACTED]	Room Charge	164.00	
12-SEP-16	[REDACTED]	GST	8.45	
12-SEP-16	[REDACTED]	Destination Marketing Fee	4.92	
12-SEP-16	[REDACTED]	Tourism Levy	6.76	
13-SEP-16	[REDACTED]	Mastercard [REDACTED]		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

FUEL YOUR BODY - It's easy to maintain a healthy lifestyle on the road. Our extensive SuperFoodsRx(TM) menu features nutrient-rich, delicious dishes that fuel your body and give you the focused energy you need. Discover dishes to supercharge your day at [westin.com/eatwell](http://westin.com/eatwell)

Continued on the next page

ID #



**RECEIPT**  
**GST NO. R122556194**

EXIT No. [REDACTED]  
IN: 09/12/16 18:26  
OUT: 09/13/16 19:02  
DURATION: 1 00: 36  
PAID: \$ 39.85  
(GST INCLUDED)  
MASTERCARD

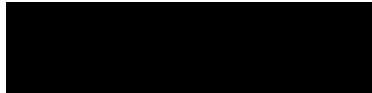
REF. [REDACTED]

THANK YOU FOR  
YOUR VISIT

*Parking @ Calgary Airport  
While in Edmonton for ELT.*



ID #



**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**SEP 14, 2016**

Purchase Date/Time: 01:49pm Sep 14, 2016

Total Parking: \$28.57

Total gst: \$1.43

Total Due: \$30.00

Total Paid: \$30.00

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: Lot 256

Mach Name: Meter 1

Rate: \$30 - All Day  
Payment Type: Card

[Redacted] MasterCard

Auth #: [Redacted]

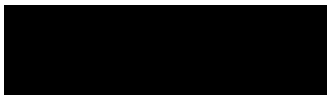
GST #887315638RT0006

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*Parking @ Andrew  
with Kenna.*



ID #

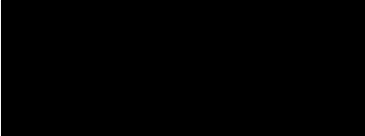


The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

HOTELS & RESORTS

Ted Braun



Page Number : 1 Invoice Nbr :   
Guest Number :   
Folio ID :   
Arrive Date : 14-SEP-16 18:25  
Depart Date : 15-SEP-16 12:00  
No. Of Guest : 1  
Room Number :   
Club Account :

Information Invoice

Tax ID : 815461330RT0001  
The Westin Edmonton 15-SEP-16 02:50 9999

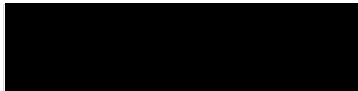
Date	Reference	Description	Charges (CAD)	Credits (CAD)
14-SEP-16		Room Charge	189.00	
14-SEP-16		GST	9.73	
14-SEP-16		Destination Marketing Fee	5.67	
14-SEP-16		Tourism Levy	7.79	
14-SEP-16		Parking Self	30.00	
14-SEP-16		GST	1.50	
15-SEP-16		Mastercard		-243.69
		** Total	243.69	-243.69
		*** Balance	-0.00	

→ (Parking)

- 30.00 parking  
= \$ 213.69

Continued on the next page

ID #



WELCOME  
THE BOW  
Indigo Park  
RECEIPT

ENTRY DATE/TIME:  
15/09/16 19:49:05  
PAY DATE/TIME:  
15/09/16 21:46:07  
PARK DUR.: HRS:MIN  
0:01:57

\*\*\*\*\*  
PAID: \$ 5.00  
MASTERCARD



REF.

\*\*\*\*\*  
GST No.: 120996095  
\*\* GST INCLUDED\*\*  
\*\*\*\*\*

PLEASE TAKE  
TICKET WITH YOU  
PAY AT PAYSTATION  
LOCK YOUR CAR!

*Parking while presenting  
@ Acct.*

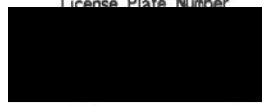


ID #



**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**02:18 PM**  
**SEP 15, 2016**

Purchase Date/Time: 11:18am Sep 15, 2016

Total Parking: \$22.86

Total gst: \$1.14

Total Due: \$24.00

Total Paid: \$24.00

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: Lot 256

Mach Name: Meter 1

Rate: \$24 - 3 hours

Payment Type: Card

MasterCard

Auth #: [Redacted]

GST #887315638RT0006

CEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

*Parking @ SSP while  
in Edmonton*

ID #



# RECEIPT

License Plate Number



\*Expiration Date/Time\*

**07:44 PM**  
**SEP 15, 2016**

Purchase Date/Time: 05:44pm Sep 15, 2016  
Total Due: \$3.00      Rate: 2 HOURS  
Total Paid: \$3.00      Payment Type: Card  
Ticket #: [Redacted]  
S/N #: [Redacted]  
Setting: Lot 286  
Mach Name: Lot 286 -3

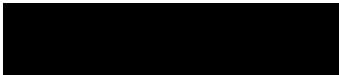
[Redacted] MasterCard

Auth #: [Redacted]

CEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

*Additional parking @  
SSP in Edmonton.*

ID #



# RECEIPT

EGH Parking  
Edmonton, Alberta

License Plate Number



Expiration Date/Time

**09:24 AM**  
**SEP 15, 2016**

Purchase Date/Time: 08:54am Sep 15, 2016

Total Due: \$2.25      Rate: Hourly up to 3 hrs

Total Paid: \$2.25      Payment Type: Card

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: [Redacted]

Mach Name: [Redacted]

[Redacted] MasterCard

Auth # [Redacted]

Rates Include GST  
For assistance call  
1-855-535-1100

PARKING RECEIPT

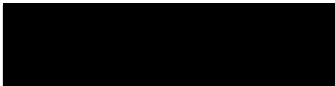
PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

*Parking @ Edmonton General*

ID #



WELCOME  
THE BOW  
Indigo Park  
RECEIPT

ENTRY DATE/TIME:  
16/09/16 06:42:28  
PAY DATE/TIME:  
16/09/16 16:27:41  
PARK-DUR.: HRS:MIN  
0:09:45

\*\*\*\*\*  
PAID: \$ 17.00  
MASTERCARD

REF.

\*\*\*\*\*  
GST No.: 120996095  
\*\* GST INCLUDED\*\*  
\*\*\*\*\*

PLEASE TAKE  
TICKET WITH YOU  
PAY AT PAYSTATION  
LOCK YOUR CAR!

*Parking @ DCU Forum*

**AHS Public Disclosure Expense Claims**

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	451.98									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/8/2016	Travel from SPTT to Calgary Airport to fly to Edmonton for SCN event panel.		Mileage-Local-Home Zone	13.63			Travel from SPTT to Calgary Airport to fly to Edmonton for SCN event panel.	1			29	
9/8/2016	SCN Panel in Edmonton	AB - Other Zones	Meals Per Diem	13.00			Lunch=\$13.00	1				
9/12/2016	Travel from SPTT to Calgary Airport to fly to Edmonton for ELT		Mileage-Local-Home Zone	13.63			Travel from SPTT to Calgary Airport to fly to Edmonton for ELT	1			29	
9/12/2016	In Edmonton to attend ELT	AB - Other Zones	Meals Per Diem	24.00			Meal in Edmonton while at ELT Dinner = \$24.00	1				
9/13/2016	Meals while in Edmonton for ELT	AB - Other Zones	Meals Per Diem	23.50			Meals while in Edmonton for ELT Bfast = \$10.50 Lunch = \$13.00	1				
9/14/2016	Meals while in Airdrie and Edmonton	AB - Other Zones	Meals Per Diem	37.00			Meals while in Airdrie and Edmonton Lunch = \$13.00 Dinner = \$24.00	1				
9/14/2016	Travel from Calgary Airport to Airdrie		Mileage-Local-Home Zone	11.75			Travel from Calgary Airport to Airdrie	1			25	
9/14/2016	Travel from SPTT to Calgary Airport to pick up Verna		Mileage-Local-Home Zone	13.63			Travel from SPTT to Calgary Airport to pick up Verna	1			29	
9/14/2016	Travel from Airdrie to Edmonton to attend team meetings in Edmonton		Mileage-Other	125.54			Travel from Airdrie to Edmonton to attend team meetings in Edmonton	1			267.1	

**AHS Public Disclosure Expense Claims**

<b>Claimant Name</b>	<b>Claimant Title</b>	<b>Claimant Location</b>	<b>Expense Claim Total</b>									
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	451.98									
<b>Expense Date</b>	<b>Business reason</b>	<b>Expense Location</b>	<b>Expense Type</b>	<b>Amount</b>	<b>From Location</b>	<b>To Location</b>	<b>Justification</b>	<b># of days</b>	<b># of Attendees</b>	<b>Attendee Name(s)</b>	<b>Trip Distance</b>	
9/15/2016	Meals while in Edmonton for team meetings	AB - Other Zones	Meals Per Diem	23.50			Meals while in Edmonton for team meetings Bfast = \$10.50 Lunch = \$13.00	1				
9/15/2016	Trave from Edmonton back to Calgary		Mileage-Other	140.44			Travel from Edmonton back to Calgary	1			298.8	
9/26/2016	Travel from SPTT to Red & White Club - family medicine show case		Mileage-Other	7.19			Travel from SPTT to Red & White Club - family medicine show case	1			15.3	
9/27/2016	Travel from SPTT to ACH		Mileage-Other	5.17			Travel from SPTT to ACH to attend ACH 10th birthday.	1			11	
<b>Approver(s) for the claim</b>		<b>Approval Status</b>	<b>Approval Date</b>									
YIU, VERNA		Approve	12-Oct-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**

<b>Name :</b> Dr. Ted Braun	<b>Reporting Period for the Month of :</b> Sep-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Sep-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonoton and return; to attend ELT in Edmonton.	Marlin Travel	330.76
8-Sep-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; Panel member for SCNs.	Marlin Travel	207.00
12-Sep-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; ELT in Edmonton	Marlin Travel	368.76
29-Jun-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary; after senior leaders meeting	Marlin Travel	205.88
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 1,112.40</b>

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

September 2016  
Direct Billing  
Backup. ✓  
RS

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

Invoice Number: [REDACTED]  
Date: August 26, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR TED BRAUN  
AC [REDACTED]  
WS [REDACTED]

Tuesday, September 6, 2016

### ✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 06Sep16  
AIR CANADA E  
SEAT 3C - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

Flight: 8130 G CLASS  
07:00 AM Equipment: D8 (300 SERIES)  
07:54 AM

Mile(s) Flown: 163

### ✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 06Sep16  
AIR CANADA E  
SEAT 3D - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

Flight: 8169 G CLASS  
04:50 PM Equipment: DH4  
05:42 PM

Mile(s) Flown: 163

### Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	255.80
	Tax:	74.96
	Ticket Total:	330.76

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

Invoice Number: [REDACTED]  
Date: August 26, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Total:

<b>Grand Total:</b>	330.76
<b>Less Credit Card Payments:</b>	330.76
<b>Credit / Balance Due To This Invoice:</b>	0.00
<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.

September Direct  
Billing  
[Signature]



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [Redacted] Booking Date: 23 Sep 16 Client: [Redacted] Client Phone #: [Redacted] Client Email: [Redacted] Agent: MEA MOORE  File Locator:
---	--

Frequent Flyer #: [Redacted]  
PASSENGERS: DR. BRAUN TED

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [Redacted]	207.00	0.00	\$0.00	0.00	0.00	207.00 CAD
<b>Total:</b>	<b>207.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>207.00 CAD</b>

**PAYMENTS**

*Payment against balance in the exchanged amount of - exch rate*

**Balance Due CAD Currency**      207.00 CAD

**Payment Due Date:**              23 Sep 16

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

Trip #: [REDACTED]  
Booking Date: 23 Sep 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator:

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRAUN TED	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:	BRAUN TED	Booking Date:	23 Sep 16
		File Locator/Ticket #:	[REDACTED]

From:	CALGARY INTL	Departing on:	08 Sep 16
To:	EDMONTON INTL	Returning on:	08 Sep 16



**Trip Statement**

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 09 Sep 16 Client: [REDACTED] Agent: MEA MOORE  File Locator: [REDACTED]
--	---

**INSURANCE**

PASSENGERS: DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
BSP CANADA, I.A.T.A., Confirmation #	293.80	0.00	\$0.00	74.96	0.00	368.76 CAD
BSP CANADA, I.A.T.A., Confirmation # [REDACTED]	0.00	0.00	\$0.00	0.00	0.00	CAD
<b>Total:</b>	<b>293.80</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>368.76 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/08/2016		[REDACTED]	368.76 CAD
		09/08/2016			0.00 CAD
<b>Total Payment:</b>					<b>368.76 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

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  
 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. \*\*\*\*\*  
 \*\*\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*  
 \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----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  
MARLIN TRAVEL GOVT CENTER  
9929 - 108TH STREET  
EDMONTON AB  
T5K1G8

Trip #: [REDACTED]  
Booking Date: 09 Sep 16  
Client: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	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



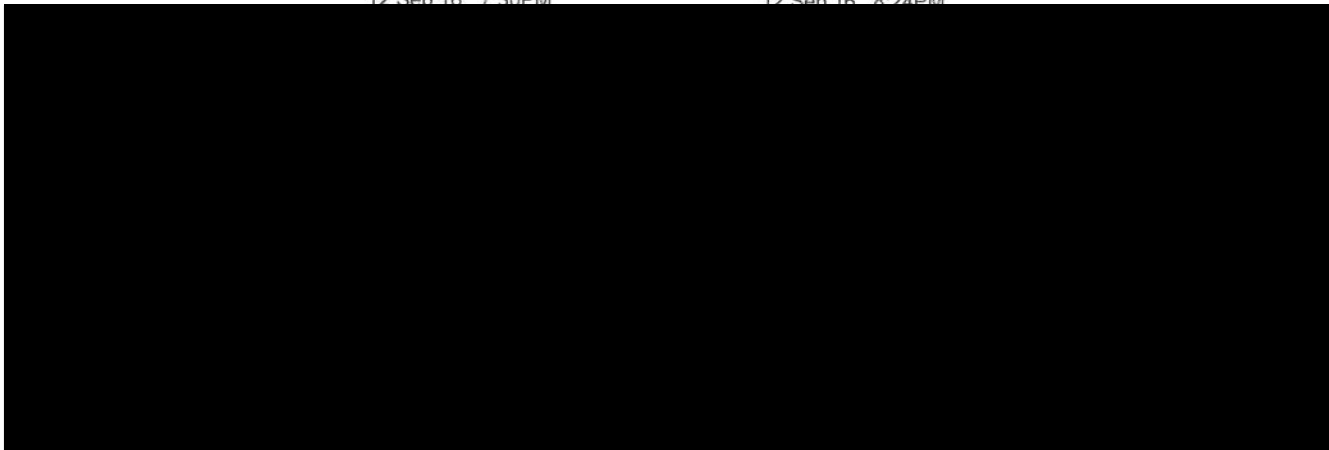
AIR

Passengers: TED BRAUN      Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL 12 Sep 16 7:30PM		EDMONTON INTL 12 Sep 16 8:24PM	V		

Passengers: TED BRAUN      Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL 12 Sep 16 7:30PM		EDMONTON INTL 12 Sep 16 8:24PM	V		



AIR

Passengers: TED BRAUN      Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08153	EDMONTON INTL 13 Sep 16 6:00PM		CALGARY INTL 13 Sep 16 6:56PM	W		

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 1, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

# INVOICE

**For**  
 DR TED BRAUN

Wednesday, June 29, 2016

 **Air**

WESTJET AIRLINES  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 29Jun16  
 WESTJET ENCO

**Flight:** 3397 **ECONOMY CLASS**  
 02:25 PM **Equipment:** DH4  
 03:21 PM

**Mile(s) Flown:** 163

**Cost:**  
 TKT [REDACTED] E-TKT [REDACTED] 156.40  
**Tax:** 49.48  
**Ticket Total:** 205.88

**Total:**  
**Grand Total:** 205.88  
**Less Credit Card Payments:** 205.88  
**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.....