

## 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 December 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)
Dec-16	P-Card	Meetings			370	136	506			
Dec-16	Direct Billing	Meetings	952				952			
<b>Total</b>			\$ 952	\$ -	\$ 370	\$ 136	\$ 1,458	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,458

Maximum daily single meal expense claimed in the month \$ -  
Maximum daily base hotel rate claimed in the month \$ 166  
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

**BRAUN, THEODORE**
**ACTING-VP AND MEDICAL**

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period:

20/12/2016

**MEDICAL AFFAIRS**
**SOUTHPORT TOWER**

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount:

\$506.25

**TED.BRAUN@AHS.CA**

Cardholder's e-mail address

Last 6 digits of the P-Card #:

[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 28/11/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	.00	Accommodations while in Edmonton for the Accelerating Primary Care conference ✓
② 13/12/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	186.37	CAD	186.37	8.87	.00	Accommodations while in Edmonton for ELT and PCN Consultation Committee meetings ✓
③ 14/12/2016	[REDACTED]	GREATER EDMONTON TAXI, LIMOUSINES AND TAXICABS	57.80	CAD	57.80	2.75		Taxi from DT Edmonton to the Edmonton Airport ✓
④ 14/12/2016	[REDACTED]	CALGARY AIRPORT EXIT T, AUTOMOBILE PARKING LOTS AND GARAGES	58.70	CAD	58.70	2.80	.00	Parking at the Calgary Airport while in Edmonton for the PCN Consultation meeting ✓

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑤ 01/12/2016	[REDACTED]	CalgParkAuth 21815731, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	19.25	CAD	19.25	.92		Parking at the Calgary Airport while in Edmonton ✓





<b>Signatures</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>	
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>
<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>	
<u>BRAUN, THEODORE</u> <u>Name of Cardholder</u>	<u>ACTING-VP AND MEDICAL</u> <u>Cardholder Position/Title</u>
<u>[Signature]</u> <u>Signature of Cardholder</u>	<u>January 4, 2017</u> <u>Date of Signature</u>
<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>	
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>
<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>	
<u>Dr. Verna Xiu</u> <u>Name of Approver</u>	<u>President + CEO</u> <u>Approver Position/Title</u>
<u>[Signature]</u> <u>Signature of Approver</u>	<u>Jan 6, 2017</u> <u>Date of Signature</u>
<b>Submit approved statement with attachments to Accounts Payable</b>	
<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)</li> <li>And where applicable:               <ul style="list-style-type: none"> <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> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

ID #

(11)

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 : 28-NOV-16 18:08  
Depart Date : 29-NOV-16 06:44  
No. Of Guest : 1  
Room Number :  
Club Account :

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 30-NOV-16 03:40

Date	Reference	Description	Charges (CAD)	Credits (CAD)
28-NOV-16		Room Charge	164.00 ✓	
28-NOV-16		GST	8.45	
28-NOV-16		Destination Marketing Fee	4.92	
28-NOV-16		Tourism Levy	6.76	
29-NOV-16		Mastercard		-184.13
** Total			184.13	
*** Balance			-0.00	-184.13 ✓

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](http://westin.com/newbalance)

Continued on the next page



ID #

(2)

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 : 13-DEC-16 18:23  
 Depart Date : 14-DEC-16 06:26  
 No. Of Guest : 1  
 Room Number :   
 Club Account :

## Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton DEC-14-2016 06:30

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-DEC-16		Room Charge	166.00 ✓	
13-DEC-16		GST	8.55	
13-DEC-16		Destination Marketing Fee	4.98	
13-DEC-16		Tourism Levy	6.84	
14-DEC-16		Mastercard		-186.37
** Total			186.37	-186.37 ✓
*** Balance			0.00	

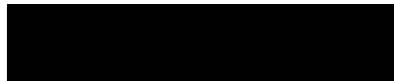
BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at [westin.com/store](http://westin.com/store)

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3

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

ID #

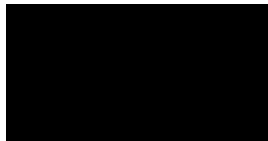


CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/12/14  
TIME 5137 13:37:59  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$49.80  
TIP \$8.00  
TOTAL

\$57.80  
-----

MasterCard



APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS


YELLOW CAB 780.462.3456  
BARREL TAX: 780.489.7777  
EDMTAXI.COM  
GST 100403070

④

ID #



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

EXIT No. A103  
IN: 12/13/16 05:56  
OUT: 12/14/16 16:34  
DURATION: 1 10: 38  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD  


THANK YOU FOR  
YOUR VISIT

 FlyYYC

**YYC** CALGARY  
INTERNATIONAL  
AIRPORT  
1



Written Attestation for missing parking receipt on Dr. Ted Braun Pcard.

December 22, 2016

The following receipt is missing from Dr. Ted Braun's card statement.

Parking – Calgary Parking Authority – Calgary Airport – \$19.25 ✓

- The expense was incurred and related to AHS business.

Dr. Ted Braun  
Authorization

Dr. Verna Yiu  
Claim Approver

Date signed: December 22, 2016

Date Signed: Jan 6, 2017

## 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>	Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Dec-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; attending ELT	Marlin Travel	398.21
19-Dec-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to attend ELT	Marlin Travel	182.48
20-Dec-2016	Direct Billing	Airline Ticket	Return flight from Edmonton to Calgary.	Marlin Travel	165.40
9-Nov-2016	Direct Billing	Airline Ticket	Return flight from Edmonton to Calgary, following PCN consultation	Marlin Travel	205.88
<b>Total Paid in the Month</b>					<b>\$ 951.97</b>



# Invoice

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

Trip #: [REDACTED]  
Booking Date: 12 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	323.25	0.00	\$0.00	74.96	0.00	398.21 CAD
<b>Total:</b>	<b>323.25</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>398.21 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016		[REDACTED]	398.21 CAD
				Total Payment:	398.21 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL ELT AND PCN CONSULTAION COMMITTEE 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  
\*\*\*\*\* 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](http://www.aircanada.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: 12 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

**Passengers**  
TED BRAUN

**Citizenship**  
Not Specified

**Required Travel Documents**  
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

<b>Passengers:</b> TED BRAUN				<b>Booking Date:</b> 02 Dec 16		
				<b>File Locator/Ticket #:</b> [REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 13 Dec 16 6:45AM		EDMONTON INTL 13 Dec 16 7:41AM	W/	



AIR

<b>Passengers:</b> TED BRAUN				<b>Booking Date:</b> 02 Dec 16		
				<b>File Locator/Ticket #:</b> [REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08151	EDMONTON INTL 14 Dec 16 3:30PM		CALGARY INTL 14 Dec 16 4:24PM	Q/	



**Invoice**

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

Trip #: [REDACTED]  
Booking Date: 09 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

**PASSENGERS:** DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	145.00	0.00	\$0.00	37.48	0.00	182.48 CAD
<b>Total:</b>	<b>145.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>182.48 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016		[REDACTED]	182.48 CAD
Total Payment:					182.48 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AMA AGREEMENT 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  
\*\*\*\*\* 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.

GOVERNMENT CENTRE  
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8  
Tel : 780 425 8611



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

Trip #: [REDACTED]  
Booking Date: 09 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

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: 09 Dec 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 19 Dec 16 6:45AM		EDMONTON INTL 19 Dec 16 7:41AM	G/	



# Invoice

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

Trip #: [REDACTED]  
Booking Date: 09 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	115.92	0.00	\$0.00	49.48	0.00	165.40 CAD
Total:	115.92	0.00	0.00	49.48	0.00	165.40 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016		[REDACTED]	165.40 CAD
		12/09/2016			0.00 CAD
				Total Payment:	165.40 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AMA AGREEMENT 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 -----  
-----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

GOVERNMENT CENTRE  
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8  
Tél : 780 425 8611

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

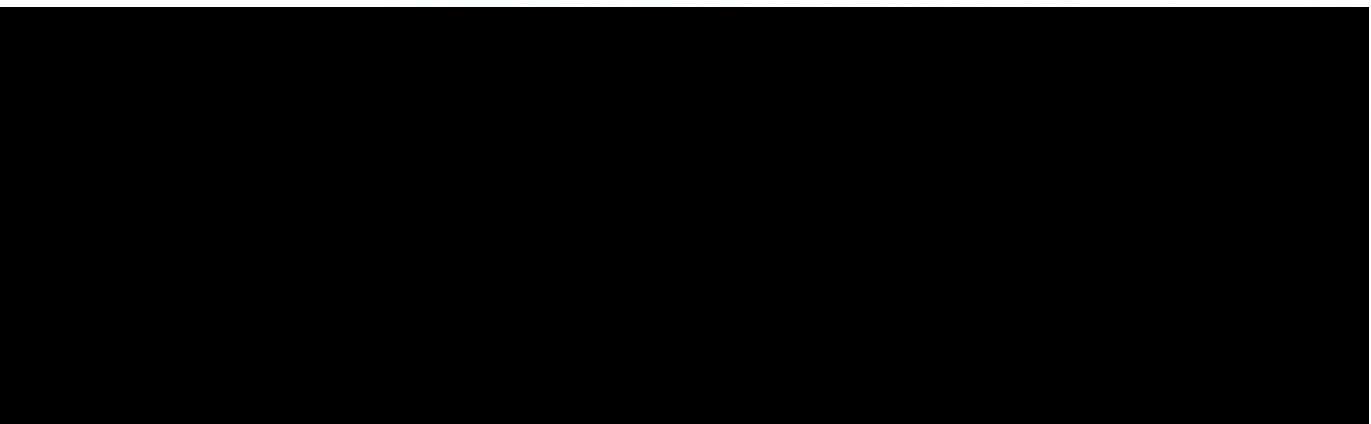
Trip #: [REDACTED]  
Booking Date: 09 Dec 16  
Client: [REDACTED]  
Agent: [REDACTED]

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: 09 Dec 16		
				File Locator/Ticket #: [REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03288	EDMONTON INTL		CALGARY INTL	L/	
		20 Dec 16 8:45PM		20 Dec 16 9:46PM		



## Invoice

ALBERTA HEALTH SERVICES  
MARLIN TRAVEL GOVT CENTER  
9929 - 108TH STREET  
EDMONTON AB  
T5K1G8

Trip #: [REDACTED]  
Booking Date: 04 Nov 16  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

**PASSENGERS:** DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	156.40	0.00	\$0.00	49.48	0.00	205.88 CAD
<b>Total:</b>	<b>156.40</b>	<b>0.00</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>205.88 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/04/2016		[REDACTED]	205.88 CAD
Total Payment:					205.88 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL ELT

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/travel.doc.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. -----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  
MARLIN TRAVEL GOVT CENTER  
9929 - 108TH STREET  
EDMONTON AB  
T5K1G8

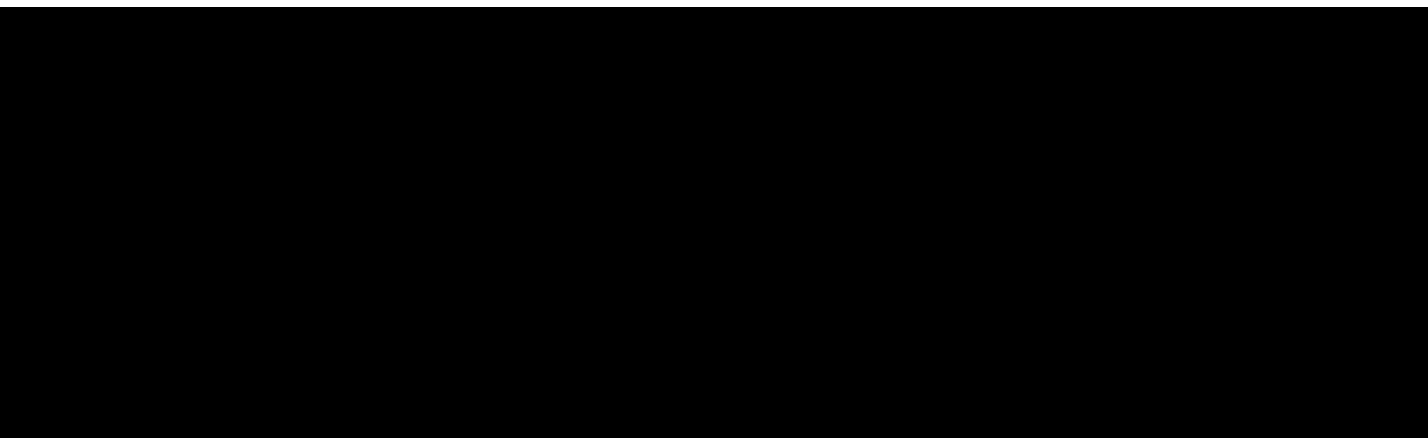
Trip #: [REDACTED]  
Booking Date: 04 Nov 16  
Client: [REDACTED]  
Agent: [REDACTED]

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
WESTJET	03207	EDMONTON INTL 09 Nov 16 4:00PM		CALGARY INTL 09 Nov 16 5:00PM	B/	