

Official Administrator and Executive Expense Report

Name Dr. Verna Yiu
Title Vice President, Quality & Chief Medical Officer
Location Edmonton
 Expenses submitted during the month of February 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Feb-15	P-Card	Meetings				75	75			
Feb-15	Expense	Meetings				140	140			
Feb-15	Direct Billing	Meetings	1,149				1,149			
Total			\$ 1,149	\$ -	\$ -	\$ 215	\$ 1,364	\$ -	\$ -	\$ -

Total for the Month \$ 1,364

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

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

YIU, VERNA Cardholder's Name	VP QUALITY & CMO Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
QUALITY & MEDICAL AFFAIRS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$75.00
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 22/01/2015	377907048	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Short Term Parking: Attend IMAGINE Project: Imagining a Patient-Centred System conference in Calgary ✓
② 02/02/2015	379139592	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Short Term Parking: Moderator for President Speaker Series and attend other meetings, in Calgary ✓
③ 06/02/2015	379488517	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Short Term Parking: Speaker at ANHX/COACH conference in Calgary ✓

R-H

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> 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. 		
<p><u>Audrey Maione</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Asst.</u> Cardholder Designate Position/Title</p> <p><u>Feb. 23/15</u> Date of Signature</p>	
Cardholder		
By signing this statement		
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>YIU, VERNA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VP QUALITY & CMO</u> Cardholder Position/Title</p> <p><u>Feb 23/15</u> Date of Signature</p>	
Approver Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
Approver		
By signing this statement		
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>CFO</u> Approver Position/Title</p> <p><u>March 9/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

short term Parking: EIA
 Attend: IMAGINE Project:
 Imaging a Patient Centered
 System, Calgary
 Conference

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
 Tax Code CA5%

POF 1st Fl 22/01/15 23:06
 Receipt [REDACTED]

Short-term parking tkt
 HL - No. [REDACTED]
 22/01/15 10:07
 23/01/15 10:06
 Period 1d0h0'
 (Tax) \$25.00

Total \$25.00

Payment Received
 MC [REDACTED] \$25.00

i.bp.done?id=_c0A6042EE-AB2A-585B...

Boarding Pass

Type: Swiped

Sub Total \$23.81
 Tax 5% \$1.19

da.com check-in

AIR CANADA



YIU VERNA
 FLEX ECONOMY/ECONOMIQUE FLEX

Frequent Flyer / Voyageur assidu

Flight / Vol AC 8141 22JAN From / De EDMONTON-YEG Destination CALGARY

Boarding time / Heure d'embarquement 10:25 Gate / Porte Zone 2 Seat / Place 02C
 AISLE/COULOIR

Departure Time / Heure de départ 11:00 Remarks / Observations

Airline use / Usage interne [REDACTED]

Boarding Pass | Carte d'accès à bord

AIR CANADA

A STAR ALLIANCE MEMBER
 MEMBRE DU RESEAU STAR ALLIANCE

Booking Reference: [REDACTED]

Boarding Pass

[https://res.aircanada.com/oci/bp.done?id=\[REDACTED\]](https://res.aircanada.com/oci/bp.done?id=[REDACTED])

AIR CANADA



aircanada.com check-in

YIU VERNA
 FLEX ECONOMY/ECONOMIQUE FLEX

Frequent Flyer / Voyageur assidu

Flight / Vol AC 8162 22JAN From / De CALGARY Destination EDMONTON-YEG

Boarding time / Heure d'embarquement 21:40 Gate / Porte Zone 2 Seat / Place 02D
 AISLE/COULOIR

Departure Time / Heure de départ 22:15 Remarks / Observations

Airline use / Usage interne [REDACTED]

Boarding Pass | Carte d'accès à bord

AIR CANADA

A STAR ALLIANCE MEMBER
 MEMBRE DU RESEAU STAR ALLIANCE

Booking Reference: [REDACTED]

* You may reprint your boarding pass at a Self-service application.
 * Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed

Short term parking: EIA
 Moderator: President
 Speaker Series;
 attend other meetings,
 Calgary.

2

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
 Tax Code CA5%

POF 1st FI 02/02/15 17:54
 Receipt

Short-term parking tkt
 HL - No. [REDACTED]
 02/02/15 05:56
 03/02/15 05:55
 Period 1d0h0'
 (Tax) \$25.00

Total \$25.00

Payment Received
 MC [REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
 Tax 5% \$1.19

01806539 - 1/1

VERNA

ECONOMY FLEX [REDACTED]

Frequent Flyer/Voyageur assidu [REDACTED]

Date From/De Destination
 02FEB EDMONTON-YEG CALGARY

Boarding Time/Heure d'embarquement 06:25 Gate/Porte 49B Seat/Place 03A

Departure Time/Heure de depart 07:00

Airline Use/A usage interne [REDACTED]

Boarding Pass / Carte d'accès à bord



ZONE 2

Cabin/Cabine
 Y

Flight/Vol
 AC 8133
 CALGARY

Seat/Place
 03A WINDOW/HUBLOT
 Remarks/Observations

AIR CANADA

A STAR ALLIANCE MEMBER
 MEMBRE DU RESEAU STAR ALLIANCE

YIU VERNA

ECONOMY FLEX [REDACTED]

Frequent Flyer/Voyageur assidu [REDACTED]

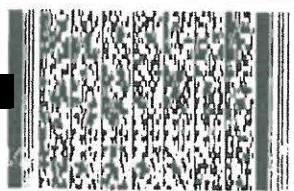
Flight/Vol Date From/De Destination
 AC 8152 02FEB CALGARY EDMONTON-YEG

Boarding Time/Heure d'embarquement 15:55 Gate/Porte C51 Seat/Place 02D

Departure Time/Heure de depart 16:30

Airline Use/A usage interne [REDACTED]

Boarding Pass / Carte d'accès à bord



ZONE 2

Cabin/Cabine
 Y

Flight/Vol
 AC 8152
 EDMONTON-YEG

Seat/Place
 02D AISLE/COULOIR
 Remarks/Observations

AIR CANADA

A STAR ALLIANCE MEMBER
 MEMBRE DU RESEAU STAR ALLIANCE

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 05/02/15 14:03
Receipt [REDACTED]

Short-term parking tkt

HL - No. [REDACTED]
05/02/15 05:57
06/02/15 05:56
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC [REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

CHS - 121

Short term parking: EIA
speaker at ANHIX/
COACH
Conference in
Calgary

3

AIR CANADA 



aircanada.com check-in

YIU VERNA
FLEX ECONOMY/ECONOMIQUE FLEX

[REDACTED] Frequent Flyer / Voyageur assidu [REDACTED]


Flight / Vol: **AC 8133** 05FEB From / De: **EDMONTON-YEG** Destination: **CALGARY**

Boarding time / Heure d'embarquement: **06:25** Gate / Porte: [REDACTED] Zone: **2** Seat / Place: **02C**
AISLE/COULOIR

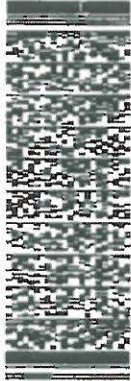
Departure Time / Heure de départ: **07:00** Remarks / Observations

Airline use / Usage interne: [REDACTED]

Boarding Pass | Carte d'accès à bord

AIR CANADA 
A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

Booking Reference: [REDACTED]



AIR CANADA 



aircanada.com check-in

YIU VERNA
FLEX ECONOMY/ECONOMIQUE FLEX

[REDACTED] Frequent Flyer / Voyageur assidu [REDACTED]


Flight / Vol: **AC 8142** 05FEB From / De: **CALGARY** Destination: **EDMONTON-YEG**

Boarding time / Heure d'embarquement: **11:55** Gate / Porte: **C4** Zone: **2** Seat / Place: **05D**
AISLE/COULOIR

Departure Time / Heure de départ: **12:30** Remarks / Observations

Airline use / Usage interne: [REDACTED]

Boarding Pass | Carte d'accès à bord

AIR CANADA 
A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

Booking Reference: [REDACTED]





TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 20-Jan-15 To: 27-Feb-15
 Travel Period from: 20-Jan-15 To: 5-Feb-15 (if applicable)
 Out-of-Province Travel Yes

Name: Dr. Verna Yiu Position (Title): VP Quality & CMO

Location: [Redacted] Dept: [Redacted] DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone #: [Redacted] Ext: [Redacted]

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0000	7111000087	\$140.39						\$140.39	
2B											
2C											
2D											
				\$140.39	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$140.39	

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

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.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: [Signature] **Date:** Feb 23/15

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.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level:** [Redacted] **Position #:** [Redacted] **Phone:** [Redacted]

I, by signing this form, attest that I am compliant to all the above statements
Signature: Deborah Rhodes **Title:** CFO **Date:** March 9/15

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.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____

I, by signing this form, attest that I am compliant to all the above statements
Signature: _____ **Title:** _____ **Date:** _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 7111000087 Emp # (E-People) _____ Page **2A**

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov.) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page																		
				Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)								
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi											
22-Jan-15	Travel to Edmonton International Airport (return) -IMAGINE Project Imagining a Patient-centred system - Calgary	AB	Meeting	Yes												70.00	✓					
2-Feb-15	Travel to Edmonton International Airport (return) - Moderator at the President Speaker Series; attend other meetings - Calgary	AB	Meeting	Yes												70.00	✓					
5-Feb-15	Travel to Edmonton International Airport (return) - Speaker at ANHXCOACH conference - Calgary	AB	Meeting	Yes												70.00	✓					
9-Feb-15	Travel to Nisku - co-chair the Alberta Clinician Council meeting (return)	AB	Meeting	Yes												68.00	✓					
SUBTOTALS																					Total Kms 278.00	✓

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column</p> <p align="center">Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
	Mileage \$	\$140.39
	Travel \$ Subtotal	
	Auto fills on page 1 - TOTAL TRAVEL \$	\$140.39

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Executive Expenses Report Direct Billing 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Dr. Verna Yiu	Reporting Period for the Month of: January/February 2015
---------------------	----------------------------------------------------------

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-01-22	Direct Billing	Other	Flight: Edmonton-Calgary (return) - Attend IMAGINE Project: Imagining a patient-centred system conference in Calgary	Marlin Travel	\$382.96
2015-02-02	Direct Billing	Other	Flight: Edmonton-Calgary (return) - Moderator for President Speaker Series; attend other meetings -	Marlin Travel	\$382.96

			Calgary		
2015-02-05	Direct Billing	Other	Flight: Edmonton-Calgary (return) - Speaker at ANHIX/COACH Conference - Calgary	Marlin Travel	\$382.96
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$1,148.88

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: January 14, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Cost:			
AIR CANADA WEB	[REDACTED]	[REDACTED]	308.00
		Tax:	74.96
		Ticket Total:	382.96
Total:		Grand Total:	382.96
		Less Credit Card Payments:	382.96
		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.....
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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: January 29, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]


Monday, February 2, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 02Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3A

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 153

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8152 V CLASS
04:30 PM Equipment: D8 (300 SERIES)
05:25 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	308.00
	Tax:	74.96
	Ticket Total:	382.96

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

Invoice Number: [REDACTED]
Date: January 29, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
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.....
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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: February 4, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Thursday, February 5, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 05Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 05Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D

Flight: 8142 V CLASS
12:30 PM Equipment: DH4
01:25 PM

Mile(s) Flown: 153

Cost:
AIR CANADA WEB [REDACTED] 308.00
Tax: 74.96
Ticket Total: 382.96

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

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

INVOICE

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
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.....
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.