

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title President & Chief Executive Officer
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	P-Cards	Meetings				91	91			
Nov-16	Expense Claim	Meetings				118	118			
Nov-16	Direct Billing	Meetings	964				964			
Total			\$ 964	\$ -	\$ -	\$ 209	\$ 1,173	\$ -	\$ -	\$ -

Total for the Month \$ 1,173

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.


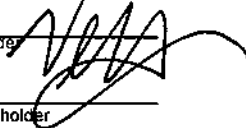
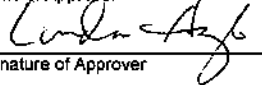
5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:	
<ul style="list-style-type: none"> • 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>YIU, VERNA</u>	<u>PRESIDENT AND CEO</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>
<u>OFFICE OF THE PRESIDENT AND</u>	<u>SEVENTH STREET PLAZA</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>
<u>VERNA.YIU@AHS.CA</u>	<u>Total Statement Amount: \$91.00</u>
<u>Cardholder's e-mail address</u>	<u>Last 6 digits of the P-Card #: [REDACTED]</u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/10/2016	[REDACTED]	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	50.00	CAD	✓ 50.00	2.38		Taxi: Calgary International Airport to MacEwan Conference Centre - attended/speaker at Quality Summit 2016
25/10/2016	[REDACTED]	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Short Term Parking: EIA - Attended/speaker at Quality Summit 2016 in Calgary
26/10/2016	[REDACTED]	UA U-PARK LOT M, AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	✓ 8.00	.38	.00	Parking: Speaker at the Surgical Professional Day, Lister Centre, UofA
27/10/2016	[REDACTED]	MACEWAN PARKING SERVIC, COLLEGES, UNIVERSITIES, PROFESSIONAL	8.00	CAD	✓ 8.00	.38		Parking: RAH Foundation: Alumni Dinner

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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. 		
<u>Audrey Malone</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>Exec Admin Coord.</u> <small>Cardholder Designate Position/Title</small> <u>Nov. 29, 2016</u> <small>Date of Signature</small>	
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. 		
<u>YIU, VERNA</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small>	<u>PRESIDENT AND CEO</u> <small>Cardholder Position/Title</small> <u>Nov 29, 2016</u> <small>Date of Signature</small>	
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. 		
<u>Deborah Rhodes</u> <small>Name of Approver Designate</small> <u>Deborah Rhodes</u> <small>Signature of Approver Designate</small>	<u>VP Corp. Services + CFO</u> <small>Approver Designate Position/Title</small> <u>Nov - 30 / 16</u> <small>Date of Signature</small>	
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. 		
<u>Linda Hughes</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>Board Chair</u> <small>Approver Position/Title</small> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

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ASSOCIATED CAB
307 41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#611

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
10/25/16 07:42:21
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

*Taxi: Attended /
speaker - Quality
Summit 2016 in
Calgary*

AMOUNT \$50.00

00 - APPROVED - 001

SIGNATURE NOT REQUIRED

MasterCard

[REDACTED]

CARDHOLDER ACKNOWLEDGES RECEIPT
OF GOODS AND/OR SERVICES IN THE
AMOUNT OF THE TOTAL SHOWN ABOVE

Thank You

MERCHANT COPY

②

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st E1 25/10/16 19:23
Receipt [REDACTED]

Short-term parking tkt
HL - No. [REDACTED]
25/10/16 04:57
25/10/16 19:23
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC [REDACTED] \$25.00

Merch: [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

*Short term
Parking:
EIA*

*Attended / speaker -
Quality Summit 2016
in Calgary*

③

U-Park Receipt

License Plate Number

[REDACTED]

Expiration Date/Time

**10:01 AM
OCT 26, 2016**

Purchase Date/Time: 08:01am Oct 26, 2016

Total Due: \$8.00 Rate: 1 Hour @ \$4.00

Total Paid: \$8.00 Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot M

Mach Name: Lot M

MasterCard

Auth #: [REDACTED]

*Parking: Speaker
at the Surgical
Professional Day,
Hester Centre, U of A*

*Parking:
RAH Foundation-
Alumni Dinner*

④

RECEIPT

Transportation Services
GST R 107448219
Ph # 780 497 5876

License Plate Number

[REDACTED]

Expiration Date/Time

**06:00 AM
OCT 28, 2016**

Purchase Date/Time: 06:15pm Oct 27, 2016

Total Due: \$8.00 Rate: \$8 Evening Rate

Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Alberta College 3

Mach Name: Alberta College 3

MasterCard

Auth #: [REDACTED]

CEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
YIU, VERNA	President & CEO	Edmonton	\$ 118.17								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/25/2016	Attended/speaker - Quality Summit 2016 in Calgary		Mileage-Local-Home Zone	\$ 29.29			Travel to EIA: Attended/speaker - Quality Summit 2016 in Calgary	1			58
11/7/2016	Speaker: HealthAchieve 2016: Patient Safety Session in Toronto		Mileage-Local-Home Zone	\$ 29.29			Travel to EIA: Speaker: HealthAchieve 2016: Patient Safety Session in Toronto	1			58
11/21/2016	Attend University of Calgary President's Round table and ELT meeting in Calgary		Mileage-Local-Home Zone	\$ 30.30			Travel to EIA: Attend University of Calgary President's Round table and ELT meeting in Calgary	1			60
11/30/2016	Attended Long Range Planning session, Calgary Zone as well as several other meetings in Calgary		Mileage-Local-Home Zone	\$ 29.29			Travel to EIA: Attended Long Range Planning session, Calgary Zone as well as several other meetings in Calgary	1			58
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		9-Dec-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**

Name :	Dr. Verna Yiu	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
21-Nov-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Calgary (return) on Nov 21 - attend University of Calgary President's Round Table as well as ELT meeting in Calgary	Marlin Travel	439.06
30-Nov-2016	Direct Billing	Airline Ticket	Airfare: Edmonton to Calgary (return) - attend Board meetings	Marlin Travel	345.01
14-Sep-2016	Direct Billing	Airline Ticket	Airfare: Edmonton to Calgary (return) - attend/MC an announcement in Airdrie	Marlin Travel	180.12
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 964.19



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 17 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: DR VERNA YIU

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	364.10	0.00	\$0.00	74.96	0.00	439.06 CAD
Total:	364.10	0.00	0.00	74.96	0.00	439.06 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/16/2016			0.00 CAD
		11/16/2016		[REDACTED]	439.06 CAD
				Total Payment:	439.06 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE MEETING IN CALGARY

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

Trip #: [REDACTED]
Booking Date: 17 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
VERNA YIU	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:	VERNA YIU	Booking Date:	16 Nov 16			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL		CALGARY INTL	G/	
		21 Nov 16 4:55PM		21 Nov 16 5:47PM		



AIR

Passengers:	VERNA YIU	Booking Date:	16 Nov 16			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08154	CALGARY INTL		EDMONTON INTL	M/	
		22 Nov 16 5:00PM		22 Nov 16 5:50PM		



Invoice

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

Trip #: [REDACTED]
 Booking Date: 23 Nov 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: TIFFANY ASKE

File Locator: [REDACTED]
INSURANCE

PASSENGERS: DR VERNA YIU

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	270.05	0.00	\$0.00	74.96	0.00	345.01 CAD
Total:	270.05	0.00	0.00	74.96	0.00	345.01 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2016			0.00 CAD
		11/22/2016		[REDACTED]	345.01 CAD
Total Payment:					345.01 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
 REASON FOR TRAVEL EXECUTIVE 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
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 23 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers: Verna YIU 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

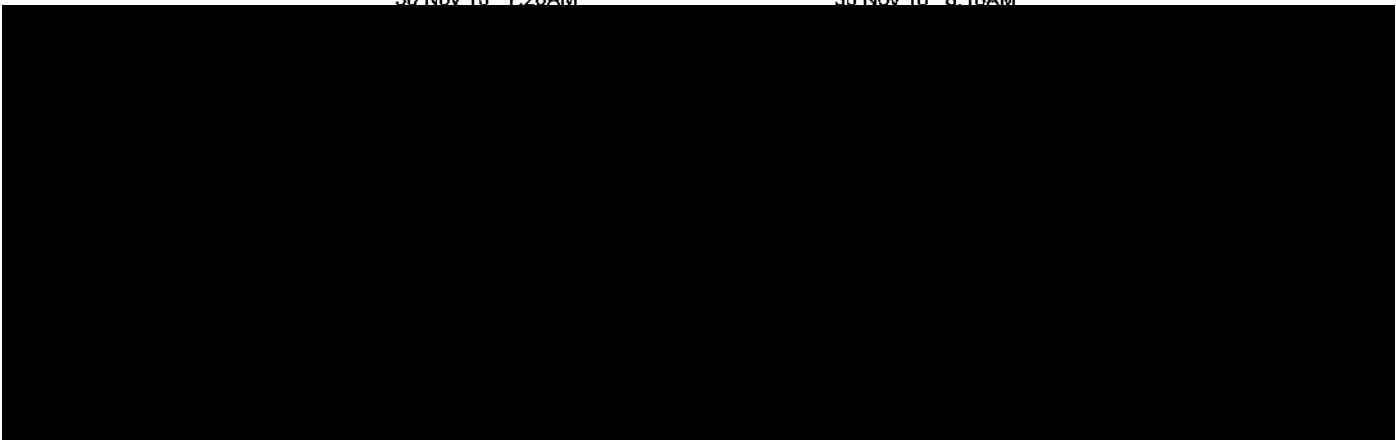


AIR

Passengers: Verna YIU

Booking Date: 17 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08133	EDMONTON INTL 30 Nov 16 7:20AM		CALGARY INTL 30 Nov 16 8:16AM	G/	



AIR

Passengers: Verna YIU

Booking Date: 17 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 02 Dec 16 6:45AM		EDMONTON INTL 02 Dec 16 7:41AM	G/	



Invoice

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

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.64	0.00	\$0.00	49.48	0.00	180.12 CAD
Total:	130.64	0.00	0.00	49.48	0.00	180.12 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/09/2016		[REDACTED]	180.12 CAD
Total Payment:					180.12 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ANNOUNCEMENT IN AIRDRIE

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

Trip #: [REDACTED]
Booking Date: 14 Sep 16
Client: [REDACTED] H
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
VERNA YIU	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:	VERNA YIU	Booking Date:	09 Sep 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00104	EDMONTON INTL 14 Sep 16 8:05AM		CALGARY INTL 14 Sep 16 8:55AM	Q/	