

Official Administrator and Executive Expense Report

Name

Vickie Kaminski

Title President & Chief Executive Officer

Location Edmonton

Expenses submitted during the month of June 2014

			Travel (1))								
Source Date Document Purpose	Airfare	Meals	Accommodal	tion	Otl Tra		Total Travel		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	,	Other (4)
Jun-14 Direct Billing Meetings Jun-14 P-Card Meetings Jun-14 Expense Claim Relocation Expense	1,554		6	625		546	1,5: 1,1:		-			23,329
Total	\$ -	\$ 	 \$ 6	625	\$	546	\$ 2,72	25	\$ -	\$ -	\$	23,329

Total for

the Month \$ 26,054

Maximum daily single meal expense claimed in the month \$ 18 Maximum daily base hotel rate claimed in the month \$ 184 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

Instructio	n:				
Attac	hed ALL original detailed rece	ipts and supporting documents in the sa	ame order as it appears on this state	ment	
Card	holder AND Approver's signat	ures required where indicated below			
KAMINSK	I, VICKIE	PRESIDENT & CEO			
Cardholde	r's Name	Cardholder's Position/Title	Billing Reporting Period:	20/06/2014	
CORPOR	ATE	SEVENTH STREET PLAZA			
Cardholde	r's Dept	Cardholder's Site/Location	Total Statement Amount:	\$1,170.92	•
VICKIE.K	AMINSKI@ALBERTAHEALTH	SERVICES.CA			
Cardholde	r's e-mail address		Last 6 digits of the P-Card #:		
				~	

Fransaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
4/06/2014	354153214	AVIS RENT A CAR, AVIS RENT A CAR	190.18	CAD	190.18	.00	.003 days car rental to attend tours and meetings in Calgary.
4/06/2014	354361855	DELTA CALGARY SOUTH, DELTA HOTELS	624.74	CAD	624.74	√ .00	.003 nights accomodation to attend meetings and tours in Calgary.
2/06/2014	355094413	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	§ 72.00	CAD	72.00	3.43	.00Taxi from residence to Airport - Calgary Trip.
2/06/2014	355094414	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	g 72.00	CÁD	72.00	3.43	.00Taxi from residence to Airport - Calgary Trip.
2/06/2014	355094415	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72,00	CAD	72.00	3.43	.00Taxi from Airport to Residence - Calgary Trip
2/06/2014	355094416	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	ę 75.00	CAD	75.00	3/57	Taxi from Airport to Southport Tower to attend meetings.
9/06/2014	355807178	ASSOCIATED CABIALLIED, LIMOUSINES AND TAXICABS	ę 65.00	CAD	65.00	3/10	.00Taxi from Airport to Southport Tower to attend meetings.

RUN DATE: 06/23/2014

P-Card details Online ®

Cardholder Statement Report

Signistures	\$	
Cardholder Designata (F Applicable)	To provide the page of a late, a common or a set if you of representations are already in the contract of the	and the second contract of the second contrac
By Signing this statement		
Program Unar Guide and Trakning, I have a	oreclard this standment in 8500 Online to the best of my abilitiosted the barraction(s) is the proper cost ceres.	dy in accordance to AHS Gerporate Parigram.
Jennifer Hamston	The second second	-1-
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Signature of Cardholder Designate	Date of Servature	
Cardholder		and the second s
By signing this statement		
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 I albert the operage endosed in this claims claimed by six or on my behalf from Alberta charged is attached. 	are for unite businesse purposes for Afberta Health Services : Health Services or any other Organization, A personal cheq	MED THE METHY (HATEMOTIAN BUILDING HOLDING HOLDING HOLDING) IN
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Name of Calculation	Conductor Position (188	mage.
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Signature of Cautholder	Dage of Signature	217
Applywar Designate (S Applicable)	A STATE OF THE STA	The second of th
By signing this stellamens		
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Susan Boat		
Name of Approver Classiquete	EVELLANC FRESIA. Approver Destanate Positions like	Cy E L
Som Bast	400	
Signature of Approper Designate	July 25, 2014	-
Approver	77	
By signing this statement		
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Deborah Khodes John	Cowell, OA VP Corpo Services +	CED (Active)
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Signature of Approver	Data of Standard	June 26/14
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		Alberta Heatik Services
 Signed Cercinc/tker Statement Report for copies of And wirele exclinable; 	(hoden no ton sea englestife if eightstures are not on report)	Accounts Payable
Could of the effective to secure	74	7th Street Plaza 10th Flack, North Tower, 10030-107 Street
Personal chaque payable to "Alberte Health Servi Return, calund and/or cradit repetits	oca ^p	Edmonton, AB 75.1 3E4
* Disputes letter		
 Business reasons for brival require detailed describers, why travel was represently and detailed exp 	pions – isolade where traveled to, who attended (if	
Accounts Payable cety		<u> </u>
The second secon	The special angle of the particular contraction and the special and the special angle of the	
Reforence #.	Reviewed by:	Date:

RECEIPT

Rental Agreement Number: Vehicle Number:

YOUR INFORMATION

KAHINSKI, VICTORIA

WIZARD NUMBER: AVIS DISC:

PAYMENT METHOD:

YOUR RENTAL

YYC Picked up:

Date/Time:

JUN 01, 2014@07:29PM YYC

Returned: Date/Time:

Veh Group:

Wen Charged: /ehicle:

Odometer Out: Odometer In:

Fuel Reading:

JUN 04, 2014@05:27PM

YOUR VEHICLE CHARGES

3 DY@ 48.98 DISCOUNT 10.0 146 94 14.69 132 25 YOUR TIME AND MILEAGE:

YOUR TAXABLE FEES

		•	
GST TAX		8	.95
*56/DY FEE		18	00
15.61% FEE		22	04
**VLF FEE		3	75
FTP SR\$ 0.75DY*		2	25
ENERGY RECOVERY	0.98/DY	- 2	94

YOUR SUBTOTAL

181.23 TAXABLE SUBTOT ,00 PST .000%

YOUR NON TAXABLE ITEMS

18 00

190 18 TOTAL CHARGES 190 18 MET CHARGES 0 00 YOUR TOTAL DUE:

PAID ON

- **CONCESSION RECOVERY FEE
- *CUSTOMER FACILITY CHARGE
- *CUSTOMER FACILITY CHARGE
- **VEH LICENSE FEE\$1.25/DY

THANK YOU FOR RENTING WITH AVIS

GST NO R100361989

Other inquiries or e-receipt visit WWW.AVIS.COM

or call 403-221 1700



June 01-04, 2014 (\$190.18)

3 days car rental to attend tours and meetings in Calgary.



CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5 Tel: 403-278-5050 Fax: 403-225-5834

erta, T2J 5X5



Room: Folio:

Folio: Cashier:

Arrival: 06-0 Departure: 06-0



06-01-14 06-04-14

Date	Description	Additional Info	rmation	Charges	Credits
06-01-14	Room Charge			184.Ő0	
06-01-14	DMF			5.52	
06-01-14	Room GST			9.48	
06-01-14	Tourism Levy			7.58	
06-02-14	Room Charge			184.00	
06-02-14	DMF		68	5.52	
06-02-14	Room GST			9.48	
06-02-14	Tourism Levy			7.58	
06-03-14	Room Charge			184.00	
06-03-14	DMF			5.52	
06-03-14	Room GST			9.48	
06-03-14	Tourism Levy	* X		7.58	
06-04-14	Atrium Cafe Charges			5.00 T	P.
06-04-14					624.74
GST Sum	mary		Total	624.74	624.74
Registration	on No: 895126332 28.44	,	Balance Due	0.00 CD	N
F&B	0.00				
Other	0.00				
Total	28.44				

June 01-03, 2014 (\$624.74)

 Three nights accommodation in Calgary to attend meetings, tours and Community Stakeholder Engagement Sessions.

Guest Signature:_

BOOMTOWN PUB & PATIO 135 Southland Dr. S.E. Calgary, Alberta T23 5X5

Table: 618 *Party: 0 LAYUG AC

ATRIUM CAFE

BREAKFAST BUFFET -not. (36:58) 11.05BREAKFAST BUFFET -hot (06:58) 17,95 Sub Total: 95.90 Tax 1: 1.80 06:58 37.70 Total: Apt-Tend Tip/Chg Tally Payments: ROOM CHARG 0.00 5.00 5.00 ROOM CRARG 06/04/2014 07:10 39.70 5.00 32,70

Memo: ROOM 325 , KAMINSKI

5.00

ROOM 5630 , EREAKFAST/MEAL YOUCH,

37.70

37.70

June 04, 2014

 Breakfast is included in room charge, however \$5.00 tip was added onto the room charge

May 30, 2014 (\$72.00)

• Taxi from residence to Airport – Calgary Trip.

VICKIE KANINSKI

MAY 30 | 2014.

QD20 JASPER AVET

PRESIIGE TRANSPORTATION AP

10135 31 Avenue NN
Ednonton AB T6H-162
780-463-5000

Term Id:4502412509440 Item 8:8469 M/C PURCHASE OP Id:114995

APPROVED

AMOUNT

CAD\$72.00

Ref. #:
Auth.#:
Book on line at
EDMPRESTIGE.COM
Thank you for being our Guest
GST 862184769

CUSTOMER COPY

JUNE HANINSKI JUNE 12/2014. REST AP.

PRESTIGE TRANSPORTATION 10135 31 Avenue NW Edmonton AB 16H-1C2 780-463-5000

Tern Id:4582412589448 Item #:8478 M/C PURCHASE OP Id:114905 Card #:

APPROVED

AMDUNT

CAD\$72.00

Ref. #:
Auth.#:
BOOK on line at
EDMPRESTIGE.COM
Thank you for being our guest
681 862184769

Date: 2014/06/12 Timp: 22:26:06 Response:

CUSTOMER COPY

JUNE 12/2014. AP> RES.

PRESTIGE TRANSPORTATION 19135 31 Avenue NW Edmonton AB TSN-102 780-463-506B

Tern Id:4502412509448 Item #:8471 H/C PURCHASE Or Id:114995 Card #:

APPROVED

AMOUNT

CAD\$72.00

Ref, A: Auth, A: EDMPRESTIGE.COM Thank you for being our guest GST 862184769

Date: 2014/86/17 Time: 22:27:42 Response: AUTH

CUSTOMER COPY

June 12, 2014 (\$72.00)

Taxi from residence to Airport – Calgary Trip.

June 12, 2014 (\$72.00)

Taxi from Airport to residence – Calgary Trip.

(5)

ALLIEU . . . RODUCIÁIEU 007 41 AVENUE NE TREZNA CALGARY AB 21646631 1117 PURCHASE 1111 06-12-2014 Acct # Exp Date lame: VICKIE KAMINSKI 3809000041010 1300 11 110 2 FRN 001003360 urchase \$68.00 i sp \$7 00 tal Rotain this copy for your records Castomer copy 403-299 9585 aw calgarylimo.com

June 12, 2014 (\$75.00)

Taxi from Airport to Southport Tower to attend meetings.

CIAILLY UND - n 1 TD - 41 AVE NE (MG) 299-1111 SK ST ON THE PROFESSIONALS tally: 2014/86/18 - UP TIME: PR:244 TARREST ID. Pat. 33 TION. 07-400-450241F NUMBER: TYPE: TABLE: M 3Y: 43H et : Aill 1717 8, 82 ALTERNA 5 12 M THE (\$):____ * W DNLINE TAXI BOOKINGS VIS WEBSITESHAW ASSOCIATEDO DMER'S COPY

June 18, 2014 (\$65.00)

• Taxi from Airport to Southport Tower to attend meetings.



Total Albertan Satisfaction

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:	: Vickie Kaminski	Reporting Period for the Month of: June 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-09	Direct Billing	Transportation	Airline tickets to Calgary to attend meetings (June 12, 2014)	Marlin Travel	\$479.96
2014-06-19	Direct Billing	Transportation	Airline tickets to Calgary to attend meetings (June 18 and 20, 2014) 4 invoices	Marlin Travel	1,074.42
Total Paid in the Mo	nth		×.	·	\$1,554.38

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES

, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date:

June 9, 2014

Page:

1/2

Our Reference:

INVOICE

For

MS VICKIE KAMINSKI

Thursday, June 12, 2014

-Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

SEAT 9F - ONLY WINDOWS REMAINING

Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 12D - ONLY AISLE AT THE BACK

Flight: 8152

Flight: 8133

07:44 AM

07:00 AM Equipment: CRJ JET

Q CLASS

Q CLASS

04:30 PM Equipment: D8 (300 SERIES)

05:21 PM

Mile(s) Flown: 153

Mile(s) Flown: 153

Cost:

AIR CANADA

Tax:

Ticket Total:

410.00

69.96

479.96

To: ALBERTA HEALTH SERVICES NORTH TOWER

10030-107 ST EDMONTON AB, T5J 3E4 **Invoice Number:**

Our Reference:

Date: Page:

June 9, 2014

2/2

INVOICE

Total:

Grand Total: 479.96

Less Credit Card Payments: 479.96

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 2ECO

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:
Agent:

To: ALBERTA HEALTH SERVICES

, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

June 10, 2014

1/4

Our Reference: Your Reference:

INVOICE

For

MS VICTORIA KAMINSKI

AC

Wednesday, June 18, 2014

Air Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY

GARY AB

Stops: 0
AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 6C

Flight: 8133 W CLASS

07:00 AM Equipment: CRJ JET

07:46 AM

Mile(s) Flown: 153

Hotel

Check In:

18Jun2014 12:00 AM

Check Out:

20Jun2014 12:00 AM

CALGARY

AB

DELTA HOTELS

DELTA CALGARY SOUTH

135 SOUTHLAND DR SOUTHEAST

CALGARY

CA

ABT2J 5X5

Tel:

Fax:

Confirmation:

Corporate Id:

Rooms 1

2 Nights(s)

EXC

Rate: 204.00

CAD

per Night

Guaranteed for late arrival

To: ALBERTA HEALTH SERVICES
, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:



INVOICE

Wednesday, June 18, 2014

Friday, June 20, 2014

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

Flight: 104 W CLASS

08:20 AM **Equipment: 73**W

09:07 AM

Mile(s) Flown: 153

≪ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8139 V CLASS 10:00 AM Equipment: DH4

10:49 AM

Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8150 V CLASS

03:30 PM Equipment: DH4

04:20 PM Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops: 0 AIR CANADA E Flight: 8156 G CLASS

06:00 PM Equipment: CRJ JET

06:48 PM

Mile(s) Flown: 153

To: ALBERTA HEALTH SERVICES **NORTH TOWER**

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:



INVOICE

Friday, June 20, 2014

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 7C

✓ Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8164

G CLASS

07:30 PM **Equipment:** D8 (300 SERIES)

08:21 PM

Mile(s) Flown: 153

Monday, December 15, 2014

Tour

BSP TASF

From: EDMONTON INTL AB

To: EDMONTON INTL AB

AIR CANADA CONFIRMATION

12:00 AM PACKAGE TOUR

12:00 AM

Cost: TKT

AIR CANADA

Tax:

349.00 69.96

10.00

Ticket Total:

418.96

Total:

Grand Total:

428.96

Less Credit Card Payments:

428.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

As per Marlin Travel: Actual Charge \$ 214.

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

INVOICE

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8

GST Reg#: Branch: Agent:

To: ALBERTA HEALTH SERVICES

, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:

INVOICE

For

MS VICTORIA KAMINSKI

AC

Wednesday, June 18, 2014

🚄 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops:

Seat(s): 7D

OPERATED BY AIR CANADA EXPRESS

TICKET NUMBER

Thursday, June 19, 2014

🛹 Air

AIR CANADA

From: EDMONTON INTL AB

CALGARY To: AB

Stops: 0 Seat(s): 3D

OPERATED BY AIR CANADA EXPRESS

TICKET NUMBER

Cost:

AIR CANADA

Flight: 8151

Flight: 8156

06:48 PM

U CLASS

V CLASS

Reference:

04:00 PM Equipment: DH4

06:00 PM Equipment: CRJ JET

04:49 PM

Reference:

Mile(s) Flown: 153

Mile(s) Flown: 153

452.00

69.96

Ticket Total:

As per Marlin Travel Actual Charge P2 60.98

To: ALBERTA HEALTH SERVICES NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:



INVOICE

Total:

Grand Total: 521.96

Less Credit Card Payments: 521.96

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: Agent:

To: ALBERTA HEALTH SERVICES

, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number

Date: Page:

Our Reference: Your Reference:

INVOICE

For

MS VICTORIA KAMINSKI

AC

Wednesday, June 18, 2014

🛹 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: · 0

AIR CANADA E
AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 6C

Flight: 8133 W CLASS 07:00 AM Equipment: CRJ JET

07:46 AM

Mile(s) Flown: 153

Hotel

Check In: 18Jun2014 12:00 AM

Check Out: 20Jun2014 12:00 AM

CALGARY AB
DELTA HOTELS

DELTA CALGARY SOUTH

135 SOUTHLAND DR SOUTHEAST

CALGARY

CA

ABT2J 5X5

Tel:

Fax:

Confirmation: Corporate Id:

Rooms 1

2 Nights(s)

EXC

Rate: 204.00

Guaranteed for late arrival

CAD

per Night

To: ALBERTA HEALTH SERVICES , NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:



INVOICE

Wednesday, June 18, 2014

Friday, June 20, 2014

<...Air

WESTJET AIRLINES

From: EDMONTON INTL AB

AB To: CALGARY

0 Stops:

Flight: 104

W CLASS

08:20 AM Equipment: 73W

09:07 AM

Mile(s) Flown: 153

🛶 Air

AIR CANADA

From: EDMONTON INTL AB

AB

CALGARY To:

0

Stops:

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8139

V CLASS

10:00 AM Equipment: DH4

10:49 AM

Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

0 Stops:

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8150

03:30 PM Equipment: DH4

04:20 PM

Mile(s) Flown: 153

Air Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

AIR CANADA E

Flight: 8156

G CLASS

06:00 PM Equipment: CRJ JET

06:48 PM

Mile(s) Flown: 153

To: ALBERTA HEALTH SERVICES NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:



INVOICE

Friday, June 20, 2014

AIR CANADA CONFIRMATION TICKET NUMBER SEAT 7C

🐃 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8164 G CLASS

07:30 PM **Equipment:** D8 (300 SERIES)

08:21 PM Mile(s) Flown: 153

Monday, December 15, 2014

Tour

BSP TASF

From: EDMONTON INTL AB

To: EDMONTON INTL AB

AIR CANADA CONFIRMATION

12:00 AM PACKAGE TOUR

12:00 AM

Cost:
AIR CANADA
AIR CANADA
AIR CANADA
Total:

Grand Total: 110.00
Less Credit Card Payments: 110.00
Credit / Balance Due To This Invoice: 0.00
Total Previous Payments: 428.96
Total Charges Previous Invoices: 428.96
Total Balance Due: 0.00

As per Mulin Travel \$214.48+\$110.00 \$324.48 To: ALBERTA HEALTH SERVICES NORTH TOWER 10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

INVOICE

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES
NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:

Your Reference:



INVOICE

For

MS VICTORIA KAMINSKI

AC

Friday, June 20, 2014

Air Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

Flight: 104 W CLASS

08:20 AM Equipment: 73W

09:07 AM

Mile(s) Flown: 153

274.48

Cost:

E-TKT

230.00 Tax: 44.48

Total:

Grand Total: 274.48

Less Credit Card Payments: 274.48

Credit / Balance Due To This Invoice: 0.00

Ticket Total:

Total Previous Payments: 538.96

Total Charges Previous Invoices: 538.96

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.....DECLINED:....

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:



INVOICE

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.



Payment Requisition

	AHS - AP Processing - Internal Use Only
Naming	Convention:
Vauche	r#
T4A/NF	Applicable? - If yes, indicate line & amt

Please Note: Only 1 invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)

Country Coun				ly be used for exceptions to				· · · · · · · · · · · · · · · · · · ·
Service PD Pmt	PAYEE INFORM	ATION (Check	Market Street,		ent □C	InuloV.elqmexe) rertiC	ear)	
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Detail Code Trovince/State T	Vendor Name	Vick	te Kaminskl				, <u>, , , , , , , , , , , , , , , , , , </u>	
Aymant Details: Non-Po Invoice Service PO Pmt	Address							
Agrinant Details : Non-Po Invoice	Province/State		ost	NAMES OF THE PROPERTY OF	\$272,4672,4540,000		Country (oada
Reason for Expense & Or Relocation - Moving Expenses. It claiming for meals traveliac commodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required Cells that are locked (complete calculations) and Aque, Cells requiring selection from dropdown menu are standard. Orange. FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding) Corp/BUDDIG (If applicable) Centre of the "Coat Effective Method used" Column is required. If you select "No" in his column, primer explanation is Required" section below. Corp/BUDDIG (If applicable) Centre/Primary Expense/Secondary Coat Effective Expense GST GS	Are original atta	chments to be	mailed with che	oque? YES V NO				
Rusiness case*				<u>.</u>	Pmt 🗌		No invoice	
If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Retionals is Required Cells that are locked (complete calculations) are Aqua. Cells requiring selection from dropdown menu are smalled Orange. FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding) Comp/BU/Org (If applicable) Og 101 Comp/BU/Org (If applicable) Og 101 Comp/BU/Org (If applicable) Og 101 ContrefPrimary Og 71135950044 Expense/Secondary Account Og 950000 Titl0100074 Cost Expense Cost Expense Sub - Total GS7 GS7 GS7 GS7 GS7 GS7 GS7 GS	Reason for Expe	ense &/or Reid	cation - Moving	Expenses.				
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AUTHORIZATION Requisitioned by (Print Name) Corinda Prociuk Executive Associate, President & CEO Office Corinda Prociuk Executive Associate, President & CEO Office 23-Apr-14 attent have read and understand all applicable policies of Alberta Health Services that perialn to these expenses, and confirm expenses being claimed are in companie with start of the Alberta Health Services and that this claim has not been previously claimed by the claiment or on their elevences submitted to this staim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved by (Print Name) Or, John Cowell Title/Program Group Deficial Administrator	Project	Task	Fynnasa Tyna	I Fydønse Oro.	1	•	1 '-' 1	Total
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Requisitioned by (Pfint Name) Orinda Prociuk Executive Associate, President & CEO Office 23-Apr-14 attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with source that 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 chalf from Alberta Health Services or any other Organization. Approved by (Print Name) Signature: Les expenses submitted to this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved by (Print Name) Signature: Les expenses that I am compliant to all the stores scatements Date Phone# Or. John Cowell Intel/Program Group Difficial Administrator	The second secon		فالكافنيات والمارات والمشارات والمتالية فعن				-	Company of the Compan
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Approved by (Print Name) Or. John Cowell Orlife/Program Group Official Administrator	behalf from Alberta He	ealth Services or any	other Organization.					
Or. John Cowell Citle/Program Group Official Administrator	attest the expenses suf	unitted to this claim h					l above.	II
itle/Program Group DiOFA Level Positrons Official Administrator	.,	•	Signature i by	evarious strum forms added that I am com	appears of the company	I _		···
Official Administrator					·	<u> </u>		
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	Official Adminis	strator			Figure se humanian de la company			
1) All amployee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form. 2) All chaques and attachments will be mailed out by Accounts Payable. Chaques will NOT be pulled and returned to departments for mailing.	All strployee rain	d taum alramasuud:	submitted on the Tra	ivel. Hospitality & Working Sessio	m Expense Cibim i	iour.		

3) Non-compliant and incomplete/improperty authorized payment rangisitions will be returned without processing.

Plastit and Personal Information on this form is corrected by AHS under the subhardy of section 20(4) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Precion of information and Protection of Privary (FOIP)Act, respectively, for the purpose of administrang AHS Procure to Pay program. For more information, questions or concurn about the collection, use or disclosure of your health or personal information, please contact Mark Parks, Director Accounts Payable of 780-735-0606 or email Mark Parks(bibertahealinsentices on

Domestic Moving & Storage Ltd.
111 Blackmarsh Road
St. John's, Newfoundland A1E 1S6 Canada

INVOICE

Invoice No.:



Date:

04/22/2014

1

Ship Date:

Page:

Re: Order No.

Sold to:



Ship to:

Vicki Kaminski

Business No.:	1014 34991 RP	0001	pro-1	·····	**************************************	
Item No.	Unit	Quantity	* Description ***	~Та х .	Unit Price	Amount
			To: Moving service April 21/22, 2014 Vickie Kaminski Packing , loading ,transporation from St John's NL to Edmonton Alberta including unloading, unpacking assembly and removal of debris . Hauling of 2 vehicles from St John's NL to Edmonton Alberta (1			
		1		GS	19,201,20	19,201.20
		1	Full Replacement value insurance	GS	624.75	624.75
			GS - GST 5% GST			991.30
ge een						
	:					
	:					
				<u> </u>		····
Shipped By: Comment:	Tracking N	umber:			Total Amount	20,817.25
Sold By.						

215	
图 學 图	Albert
	Servic

, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EM	7)						
* Enter employe	has migrated	o the New E-People	payroll system		xpense Date From	: 14-Mar-14 To	10-May-14
* Indicate N/A in		New E-People payro	ALL STORES OF STREET, STORES OF	3	ravel Period from:	To	(of spikeras as)
* If you are a net Name: Vickle Kaminski	nly have an Er	(E-People) # eeyoige	an (Title):		Out-of-Province Tra of Executive Officer	(40)	
Location: Seventh Street Plaza Dept: Corporate	T-Ö-T	A Level:		Union:		a Phone I	Ext:
Employee # (5-People):							
SECTION E: FINANCE CODING & TOTAL CLAIM				- Allerty Control of the Control			
SECTION E. FINANCE CODING & TOTAL CLAIM							
CAPITAL PROJECT CODING ONLY → Project No.		Approximate	***************************************		Tesk Number	militar biolomic compagness should be a principle of the same of t	
Expenditure	Organization	• • • • • • • • • • • • • • • • • • • •		E	xpenditure Type _		
<u>Total - Section B</u> : Travel - Pg 2	To	al - Section C&D	: Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBU	RSEMENT
Pg Bai Location Functional Total	Bai Loca	tion Functions	al Centre (FC)	Secondary/	Total		A CO Institution 11
Unit Centre (FC) Expense	Unit			Expense	Expense	Total Section B	
2A	101 00	DS 711	10100074	62620000	\$2,511.90	Total Section C&D	\$2,511.90
2B						Less Cash Advance	
2C						TOTAL CLAIM	\$2,511.90
2D						TOTAL CLAIM	\$2,511.90
WOTE THE	ts	\$2,511.90					
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	<u> </u>	OTE: These fields do	o not automatical	lly fill for Section C	& D		
SECTION F: AUTHORIZATION I affirst trat I have send and understand the "Travel, Hospitally a Working Sissain Expense Policy (†1227 st.	Alburta Hamilia Sandons and con	ity amenda haine dismed ara in	completes with the principle	a and respelatory recomments of	this makes		
I site of the openses anciesed in this claim are for valid business purposes for Alberta Health Bervices and the	t this claim has not been previo	sty climined by malk! on my bahal	d from Alberta Howith Services	or any other Organization.	120 621		
1 at any that expenses submitted in this claim here been incurred by using a conditional end and emphasis and suppositing analysis is provided above. Travel, Hospitality and Working Session Emergence Policy - Documents 1122							
i by a unity this form, attract that I am compliant to all the above statements. Employee Signature:	ie Car	insel.		Date July /	5,2014		
In that I have read and under and all applicable policies of A linta. Health 2 ovices, B at portain to these a				- v 			
I attest the superson enclosed in this claim are for valid business purposes for Alberta Health Services and the I effect that exponent subtributed in this seem have been incurred by using a cost effective toeffood, albertake n			they so me than when y	in services of any other Organizal		wirn form with mucipts should be sent by aready to Accounts Psyable for processi	
Approved By (PRINT ONLY): Dr. John Cowell		DOFA Level		Position #		Phone #	Ext
), by simpling that form, ethest that I are compliant to all the above an energetic Sign ature:	~	Title	Official Administr	rator		Date July	16, 2014.
I attend that I have read and understand all applicable policies of Alberta Health Garvices that partain is (less a commenced as a policy of the commenced are in commenced as a policy of the							
I smilet the expenses and once for this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously smilited by the claiment or on their business or any other Organization							
a scent that expenses a summand in this count have been incurred by take a best effective method, otherwise in Approved By (PRINTONLY): Deborah Rhodes	Consist and supporting analysis	\$10 Miles Application Afficiates				Dhara F	
Approved By (PRINTONLY): Deborah Rhodes		DOFA Level	-	Position #	***************************************	Phone #	_ Ext
Signature: Doboo Health and Personal information on this form is collected by AHS under the authority	h Rhodo					Date July 15	

History and Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Yower, 10th Floor, Accounts Payer

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES Emp # (E-People) Page 3													
													Page 3
• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for travel, gas, etc., go to Section B on pg 2.													
 ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! 													
	Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E												
Business Reason for Expense - Detailed Description Required Onclude who attended-(if meal/Hospitality), why expense was required,		Finance Coding				Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page							
dd-mmm-yy	what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Bal Uni	t Lo	ocation	Func	ctional Centre	Secondarya Expense eg. 4100000 (8 characters	Method	Continu Sele drop	uing Education ct type from down menu applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is <u>NOT</u> on til slip/receipt, enter total amount is thi column	TOTAL
14-Mar-14	Boxes and moving labels for packing for relocation.			0006 7		110100074	62620000	Yes			\$70.11		\$70.11
19-Mar-14	4 Home Rental Assistance for relocation		(0006 7		110100074	62620000	Yes			\$735.00		\$735.00
21-Apr-14	Car Rental in St. John's while car being shipped to Edmonton (only claiming \$1,574.54 of total cost, 3 days removed)		(0006	71	110100074	62620000	Yes			\$1,542.56		\$1,542.56
10-May-14	Car Rental in Edmonton while waiting for car to arrive from St. John's		C	0006	71	110100074	62620000	Yes			\$164.23		\$164.23
SECTION D: FOREIGN CURRENCY ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)													
Please click on the following link for the Bank of Canada exchange rate using the date of expense Bank of Canada Currency Converter Bank of Canada Currency Converter Bank of Canada Currency Converter Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column								th date cells then					
Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)		Finance Coding				Secondary/ Expense	Cost Effective Method	Completion of this column of	etion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in mn or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
	A description of just "Meeting" will be returned for clarification	Bal Unit	Bal Unit Location Functional Centre		eg. 41000000 (8 characters) Used? Yes/No		Foreign Cur Amoun	тепсу	Currency Typ			anadian Value	
Rationale is Required for expenses that are not Cost Effective													
Any analys	sis supporting the method to assess cost effectiveness	should	be at	tached to t	the c	laim form)							-

Expenses Paid (Retain a copy for your records)

boxes for packing

U-Haul Sales Item Invoice Sales Items Contract No. U-Haul Moving & Storage of 183 Kenmount Rd (709)738-4285 Friday 3/14/2014 9:37 AM St Johns CANADA (843053)ST. JOHN'S, NL. A1B3P9 HST No: 105438196RT0001 Part Code Description **Item Cost** Quantity **Line Cost** ML1 MOVING LABELS \$2.95 1.00 ea. \$2.95 **EZBOXKITC** EASY PAK BOX KIT, CANADA 36.5" \$44.95 1.00 ea. \$44.95 WB BOX, GRAND WARDROBE W/BAR, 14CF \$14.15 1.00 ea. \$14.15 SubTotal: \$62.05 GST / HST Tax: \$8.06 Total Charges Including Tax: \$70.11 Card Type: Type: Auth-AMERICAN E PURCHASE **Credit Card Payment:** \$70.11 (S) 00 APPROVED - THANK YOU 00 Net Paid Today: \$70.11 • Cardholder will pay card issuer above amount pursuant to Cardholder Agreement. • I agree to submit all claims against U-Haul in accordance with the U-Haul Arbitration Agreement, incorporated by reference, and available at uhaul.com/arbitration or from your local U-Haul representative. Krista Vokey Customer Signature

a. Tory

EDMONTON RELOCATORS

Edmonton Destination & Relocation Services to Employees & Their Families

#453, 17008-90 Avenue Edmonton, Alberta T5T 1L6 Canada Phone: 780-934-2091 Fax 780-948-0083 E-mail: info@edmontonrelocators.ca

March 19, 2014

SERVICES TO

Mr. Brian Gatien

PAYMENT METHOD RECEIVED	CHECK NO.RECEIVED	JOB
		Mr. Brian Gatien

Home Rental Assistance	\$700.00	\$700.00
Please provide payment upon receipt of nvoice.		
HANK YOU FOR YOUR BUSINESS!		\$700.00
	Please provide payment upon receipt of nvoice. THANK YOU FOR YOUR BUSINESS!	nvoice.

TOTAL \$735.00

AVIS

RENTAL AGREEMENT NUMBER:

We are proud to feature a 100% smoke-free fleet!

RECEIPT

Your Information

Customer Name: Wizard Number: Avis Worldwide Discount: Customer Status: Method of Payment: Frequent Traveler Number:



Vehicle Number: Vehicle Group Rented: Vehicle Group Charged: Vehicle Description:

License Plate Number: Odometer Out: Odometer In; Total Driven: Fuel Gauge Reading:



Rate Chart:

Pickup Date/Time: Pickup Location:

APR 21,2014@7:33AM 80 AIRPORT TERMINAL ACCESS RD AIRPORT TERMINAL ACCESS RD AIRPORT TERMINAL AUGIDING ST. JOHN"S,NF,A1A 4Y3,CA 709 722-6620

Return Date/Time: Return Location:

MAY 12,2014@12:00PM 80 AIRPORT TERMINAL ACCESS RD AIRPORT TERMINAL BUILDING ST. JOHN'S,NF,A1A 4Y3,CA 709 722-6620

Additional fees may apply if changes are made to your return date, time and/or location.

Your Vehicle Charges (MIN 5 DAY / MAX 28 DAY)

Free Kilometres: Time and Kilometres: Kilometres:UNLIMITED Hourly: 41.00 Daily: 82.00 Ad'l day: 55.14 Weekly: 459.99 Monthly: .00 Agreed upon upgrade at25.00 /Day Your Discount: 1 DY @ 55.14 = 3 WK @ 459.99 = Less 10.00% Discount = 55.14 1379.97 (-)88.51 Time and Kilometres:

Your Optional Products/Services

Optional Services Total:

Your Taxable Fees 14.68% Concession Recovery Fee Vehicle License Fee 1.43/DY *FTP Sur 5.25 Max1.43/DY ENERGY RECOVERY FEE 0.98/DY 206.23 5.25 21.56 Sub-total-Charges: HST 13.000% 1611.10 209.44

-3 days (82×3=246.)=277.98 + HST

- Ravin At. Jaln's as ours was being Shipped here.

Your Non-Taxable Products/Services

1820.54. 1820.54 -246.00 - 277.98 Your Total Charges paid: 1820.54 0.00 CAD 1820.54 0.00

Thank you for renting with Avis.

Prepayment

Net Charges:

Your Total Due:

Triank you to reting with AVIS.

For all other inquiries, please contact us at 1-800-352-7900 or www.Avis.com.

At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.

Your vehicle was rented to you by 14180.

Your vehicle was checked in by 15491.

```
RENTAL AGREEMENT NUMBER
                                                      RECEIPT
 YOUR INFORMATION
                                                      YOUR VEHICLE INFORMATION
 Customer Name
                     : GATIEN, BRIAN
                                                      Avis Car Number: 3 1 5 5 9 6 8 4
 Loyalty Level
                     : PREFERRED
                                                      Plate Number : AB J73952
 Wizard Number
                                                      Veh Grp Charged : Full-Size
 Avis Worldwide Disc :
                                                      Veh Gro Rented : Standard SUV-7 Pass
 Methods Of Payment
                                                      Veh Description : WHI CHEV. IMPALA W/WINTER TIRES
 Travel Partner Num
                                                      Total Driven : 164 KMs
                                                                                         Odometer In: 39912 KMs
                                                      Fuel Gauge Reading: Full
 YOUR RENTAL
Pickup Date/Time : MAY 10, 2014a11:36 AM
                                                      Return Date/Time : MAY 12.2014à03:45 PM
 Pickup Location
                                                      Raturn Location :
                                                                                  STREET
                                                                                  B, T5J 3E9, CA
YOUR VEHICLE CHARGES:
                                                      YOUR OPTIONAL PRODUCTS/SERVICES
MIN
     3 DAY
     RATE CHART
                          TIME AND MILEAGE
KMs : Unlimited
HRLY :
          32, 25
DAILY:
          42, 99
                                                     Land Marines for ours to with the warmen's puring person
AD DY:
          72.99
MNTLYE
MIN 3DY/8F/E
                 164FM
                                              128.97
                  Less 10.0% Discount =
                                              12, 90
Time & Mileage:
                                              116.07
TAXABLE FEES
CUSTOMER FACILITY CHG 4.00 /D
                                              12.00
ENERGY RECOVERY FEE .98 /DY
                                               2, 94
15.61% Concession Recovery Fee
                                              19.51
Vehicle License Fee
                                               3, 75
FTP Sur$ 0.75DY$ 5.25MX
                                               2,25
Subtotal Charges:
                                              156, 52
NON TAXABLE ITEMS
GST Tax 5.00 %
                                               7.71
Your Total Charges Paid:
                                             164, 23
Prepayment :
                                                . 20
NET CHARGES:
                                    CAD
                                              164.23
Your Total Due:
                                               0.00
Fuel service: .4418/KM 3.800/Lit
```

I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets, fines administrative charges and other fees which may be applicable.X

Thank you for renting with Avis.

If you have questions regarding this rental, call us at 780 448-0066

GST ND: R100361989

This vehicle was rented to you by ROSAMARIA

This vehicle was checked in for you by HANY



Relocation Assistance Expense Claim Summary

A completed copy of the Relocation Assistance Expense Claim Summary, the <u>Travel, Hospitality</u> supporting receipts and documentation must be submitted to Accounts Payable. Enter the total expense Claim. The maximum that can be

Employee Name (Last, First)		
Kaminski, Vickie		
Department Name Corporate	Position Title President and CEO	
Pre-Location (House hunting)		
Moais	\$0,00	
Accommodations Accommodations	\$6.00	
Transportation		
Total Pre-Location		
Household		
Legal to es	\$0.00	
Real estate fees	\$0.00	
Household effects & Gre venicle	\$20,817.25	Z vehicles were
Mobile or Modular home	\$0.00	Shinard & Naverne
Total Household	\$20,817.25	Shipped approve
Relocation		
Meals	\$0.00	
Subsistence allowance (Spouse or Partner)	\$0.00	
Subsistence allowance (Dependant)	\$0.00	
Transportation	\$164.23	
Total Relocation	\$164.23	
Temperary Accommodation		
Total Temporary Accommodation	\$0.00	
ncid-ntal		
Discretionary Total Incidental	\$805 11	
Mortgage penalty	\$0.00	
Tenancy lesse penalty	\$0.00	
Interim financing/interest charges	\$0.00	
Total Temporary Accommodations, Incidental & Discretionary	\$0.00	
Total Expenses	\$23,329.15	
Maximum Amount Allowed rup to 10% of base salary!	\$0.00	
I confirm that these expenses are accurate		
moloves Signature		Date (yyyy-Mon-dd)
Vistre Carrensl.		July 15, 20141.
I have reviewed this Relocation Assistance Expense Claim Summan	Zavr and approx 2 H	***
Managers Name	y expenses and approve the amou Manager's Signature	nt for reimbursement Date (yyyy-Mon-do)
or, John Cowell		July 16, 2014
	Annual Control of the	

