

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)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-14	Direct Billing	Meetings	1,554				1,554			
Jun-14	P-Card	Meetings			625	546	1,171	-		
Jun-14	Expense Claim	Relocation Expense								23,329
Total			\$ -	\$ -	\$ 625	\$ 546	\$ 2,725	\$ -	\$ -	\$ 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



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

KAMINSKI, VICKIE

PRESIDENT & CEO

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period: 20/06/2014

CORPORATE

SEVENTH STREET PLAZA

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount: \$1,170.92

VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/06/2014	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. ①
04/06/2014	354361855	DELTA CALGARY SOUTH, DELTA HOTELS	624.74	CAD	624.74	✓	.00	.003 nights accomodation to attend meetings and tours in Calgary. ②
12/06/2014	355094413	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	✓	3.43	.00 Taxi from residence to Airport - Calgary Trip. May 30 ③
12/06/2014	355094414	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	✓	3.43	.00 Taxi from residence to Airport - Calgary Trip. June 12 ④
12/06/2014	355094415	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	✓	3.43	.00 Taxi from Airport to Residence - Calgary Trip. June 12 ⑤
12/06/2014	355094416	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	75.00	CAD	75.00	✓	3.57	Taxi from Airport to Southport Tower to attend meetings. ⑥
19/06/2014	355807178	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	65.00	CAD	65.00	✓	3.10	.00 Taxi from Airport to Southport Tower to attend meetings. ⑦

Signatures
Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in SMO 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.

Jennifer Harston
Name of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

June 23, 2014
Date of Signature

Cardholder

By signing this statement

- 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 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.

KAMINSKI, VICKIE
Name of Cardholder

PRESIDENT & CEO
Cardholder Position/Title

Vickie Kaminski
Signature of Cardholder

June 23, 2014
Date of Signature

Approver Designate (If Applicable)

By signing this statement

- 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.

Susan Best
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

Susan Best
Signature of Approver Designate

June 25, 2014
Date of Signature

Approver

By signing this statement

- 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.

Deborah Rhodes
Name of Approver

John Cowell, CA VP Corp Services & CFO (Acting)
Approver Position/Title

Deborah Rhodes
Signature of Approver

June 26/14
Date of Signature

June 26/14

Submit approved statement with attachments to Accounts Payable.

Attach:

- 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:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Dispute letter
- Business reasons for travel require detailed descriptions - include where traveled 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

RECEIPT

Rental Agreement Number: [REDACTED]
Vehicle Number: [REDACTED]

YOUR INFORMATION

KAMINSKI, VICTORIA

WIZARD NUMBER: [REDACTED]

AVIS DISC: [REDACTED]

PAYMENT METHOD: [REDACTED]

YOUR RENTAL

Picked up: YYC
Date/Time: JUN 01, 2014@07:29PM
Returned: YYC
Date/Time: JUN 04, 2014@05:27PM
Veh Group: [REDACTED]
Veh Charged: [REDACTED]
Vehicle: [REDACTED]
Odometer Out: [REDACTED]
Odometer In: [REDACTED]
Fuel Reading: [REDACTED]

YOUR VEHICLE CHARGES

3 DY@ 48.98	146.94
DISCOUNT 10.0	14.69
YOUR TIME AND MILEAGE:	132.25

YOUR TAXABLE FEES

GST TAX	8.96
*\$6/DY FEE	18.00
**16.61% FEE	22.04
**VLF FEE	3.75
FTP SRS 0.75DY*	2.26
ENERGY RECOVERY 0.98/DY	2.94

YOUR SUBTOTAL

TAXABLE SUBTOT	181.23
PST .000%	.00

YOUR NON TAXABLE ITEMS

18.00

TOTAL CHARGES	190.18
NET CHARGES	190.18
YOUR TOTAL DUE:	0.00

PAID ON [REDACTED]

**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.



DELTA

CALGARY SOUTH

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

(2)

AB HEALTH SERVICES

Ms Vickie Kaminski

Room:

Folio:

Cashier:

Arrival: 06-01-14

Departure: 06-04-14

Date	Description	Additional Information	Charges	Credits
06-01-14	Room Charge		184.00	
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		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		7.58	
06-04-14	Atrium Cafe Charges		5.00	
06-04-14				624.74

GST Summary	
Registration No: 895126332	
Room	28.44
F&B	0.00
Other	0.00
Total	28.44

Total	624.74	624.74
Balance Due	0.00	CDN

June 01-03, 2014 (\$624.74)

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

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

BOONTOWN PUB & PATIO
135 Southland Dr. S.E.
Calgary, Alberta
T2J 3X5

Table: 019 #Party: 0
LAYUG AC

ATRIUM CAFE

BREAKFAST BUFFET -hot (06:58) 17.95
BREAKFAST BUFFET -hot (06:58) 17.95

Sub Total: 35.90
Tax 1: 1.80
06:58 Total: 37.70

Payments:	Amt-Tend	Tip/Chg	Tally
ROOM CHARG	5.00	0.00	5.00
ROOM CHARG	32.70	5.00	37.70
06/04/2014 07:10			----- 37.70

Memo: ROOM 325 ,KAMINSKI
5.00
ROOM 5630 ,BREAKFAST/MEAL VOUCH,
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.
9020 JASPER AVE
AP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0469
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/12 Time: 22:23:05
Response: [REDACTED]

CUSTOMER COPY

VICKIE KANINSKI
JUNE 12/2014.
RES > AP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0470
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/12 Time: 22:26:06
Response: [REDACTED]

CUSTOMER COPY

VICKIE KANINSKI
JUNE 12/2014.
AP > RES

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0471
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/12 Time: 22:27:42
Response: AUTH [REDACTED]

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.

ALLIED TAXI ASSOCIATED
307 41 AVENUE NE T2E2N4
CALGARY AB
21640631

DATE: 06-12-2014
PURCHASE
TIME: 08:10:00

Acct # [REDACTED]
Exp Date [REDACTED]
Name: VICKIE KAMINSKI
0000000041010

PHONE [REDACTED]
FAX [REDACTED]
E-MAIL [REDACTED]
RRN 001003360

Purchase \$68.00
Tip \$7.00
Total \$75.00

(00) APPROVED

Retain this copy for your records
Customer copy

403-299 9555
www.calgarytaxi.com

June 12, 2014 (\$75.00)

- Taxi from Airport to Southport Tower to attend meetings.

ALLIED TAXI ASSOCIATED
307 41 AVE NE (PH) 299-1111
TAXI ON THE PROFESSIONALS

DATE: 2014/06/18
PICK-UP TIME: 08:00
DROP-OFF TIME: 08:30
TAXI ID: [REDACTED]
LOCATION: 07-000-4502410
TAXI NUMBER: [REDACTED]
TAXI TYPE: [REDACTED]
COUNTRY: [REDACTED]
CITY: [REDACTED]
STATE: [REDACTED]
ZIP: [REDACTED]

TIP (\$):

TOTAL (\$):

SIGNATURE: [REDACTED]

ONLINE TAXI BOOKINGS VIS
WEBSITE WWW.ASSOCIATEDC

CUSTOMER'S COPY

June 18, 2014 (\$65.00)

- Taxi from Airport to Southport Tower to attend meetings.

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 Month					\$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

Flight: 8133 Q CLASS
07:00 AM Equipment: CRJ JET
07:44 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 12D - ONLY AISLE AT THE BACK

Flight: 8152 Q CLASS
04:30 PM Equipment: D8 (300 SERIES)
05:21 PM

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:
Date:
Page:
Our Reference:**

**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 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:

June 10, 2014

Page:

1/4

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

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: 73W

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: 0

Flight: 8164 G CLASS
07:30 PM **Equipment:** D8 (300 SERIES)
08:21 PM

Mile(s) Flown: 153

 AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 3D

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	10.00
AIR CANADA	349.00
Tax:	69.96
Ticket Total:	418.96

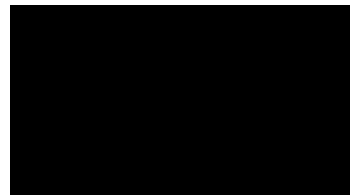
Total:

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 Martin Travel:
Actual Charge \$ 214.48*

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

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



INVOICE

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#:

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: 0

Seat(s): 7D

OPERATED BY AIR CANADA EXPRESS

TICKET NUMBER

Flight: 8156 V CLASS

06:00 PM Equipment: CRJ JET

06:48 PM

Mile(s) Flown: 153

Reference:

Thursday, June 19, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

Seat(s): 3D

OPERATED BY AIR CANADA EXPRESS

TICKET NUMBER

Flight: 8151 U CLASS

04:00 PM Equipment: DH4

04:49 PM

Mile(s) Flown: 153

Reference:

Cost:

AIR CANADA

452.00

Tax:

69.96

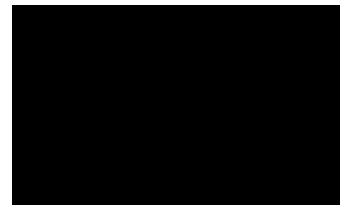
Ticket Total:

521.96

As per Marlin Travel
Actual Charge \$260.98

**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: [REDACTED]
Agent: [REDACTED]

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 [REDACTED]

Wednesday, June 18, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: . 0
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER [REDACTED]
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

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

Friday, June 20, 2014

Mile(s) Flown: 153

Mile(s) Flown: 153

Mile(s) Flown: 153

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	50.00
AIR CANADA	10.00
AIR CANADA	50.00

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 Narlin 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

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
NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

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

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, June 20, 2014

 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

Cost:

E-TKT

230.00

Tax:

44.48

Ticket Total:

274.48

Total:

Grand Total:	274.48
Less Credit Card Payments:	274.48
Credit / Balance Due To This Invoice:	0.00
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
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OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Payment Requisition

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

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

This Form should only be used for exceptions to Markview or if no invoice exists.

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)
Invoice Date	Invoice Number			
Vendor Name	Vickie Kaminski			
Address			City	St. John's
Province/State	Postal Code	Country		Canada
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Payment Details:	Non-Po Invoice <input checked="" type="checkbox"/>		Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>
Reason for Expense &/or Business case:	Relocation - Moving Expenses.			

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required
Cells that are locked (complete calculations) are Aqua. Cells requiring selection from dropdown menu are shaded Orange.

FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)				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 below.			
Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0006	71110100074	62620000	Yes	\$19,826.95	\$991.30	\$20,817.25
Canadian <input checked="" type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$19,826.95	\$991.30	\$20,817.25

CAPITAL PROJECT CODING (If more space is needed for coding, please attach an additional sheet)							
Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION	
Requisitioned by (Print Name)	Position Title/Program Group
Lorinda Prociuk	Executive Associate, President & CEO Office
Date	
23-Apr-14	
I 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 such policies.	
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 the 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 Name)	Signature
Dr. John Cowell	
Date	Phone#
Apr 28/14	
Title/Program Group	GOFA Level
Official Administrator	

- 1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

Health and Personal Information on this form is collected by AHS under the authority of section 20(1) 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. For more information, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Parks, Director Accounts Payable at 780-735-0606 or email: Mark.Parks@albertahealthservices.ca

Domestic Moving & Storage Ltd.

111 Blackmarsh Road
St. John's, Newfoundland A1E 1S6
Canada

INVOICE

Invoice No.: [REDACTED]
Date: 04/22/2014
Ship Date:
Page: 1
Re: Order No.

Sold to:

Vicki Kaminski
[REDACTED]

Ship to:

Vicki Kaminski
[REDACTED]

Business No.: 1014 34991 RP 0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
		1	To: Moving service April 21/22, 2014 Vickie Kaminski Packing, loading, transportation 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 [REDACTED])	GS	19,201.20	19,201.20
		1	Full Replacement value insurance [REDACTED]	GS	624.75	624.75
			GS - GST 5% GST			991.30
Shipped By: Tracking Number:					Total Amount	20,817.25
Comment:						
Sold By:						



HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE INFORMATION	
* Enter employee information if you have migrated to the New E-People payroll system * Indicate N/A in the appropriate box if you have not migrated to the New E-People payroll system * If you are a new employee, you must have an Employee # (E-People)	
Expense Date From: 14-Mar-14 To: 10-May-14 Travel Period from: To (if applicable) Out-of-Province Travel	
Name: Vickie Kaminski	Position (Title): President and Chief Executive Officer
Location: Seventh Street Plaza	Dept: Corporate DOFA Level: (if applicable) Union: Business Phone: Ext:
Employee # (E-People):	

SECTION E: FINANCE CODING & TOTAL CLAIM												
CAPITAL PROJECT CODING ONLY →					Project Number		Project Task Number					
Expenditure Organization					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		
2A					101	0008	71110100074	62620000	\$2,511.90	Total Section C&D	\$2,511.90	
2B										Less Cash Advance		
2C										TOTAL CLAIM	\$2,511.90	
2D												
					**User to enter Coding & \$ Amounts					\$2,511.90		
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 & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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 Expense Policy - Document# 1122										
I, by signing this form, attest that I am compliant to all the above statements.										
Employee Signature: Vickie Kaminski					Date: July 15, 2014					
I 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 such policies. 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): Dr. John Cowell					DOFA Level		Position #		Phone # Ext	
Signature: [Signature]					Title: Official Administrator		Date: July 16, 2014			
I 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 such policies. 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): Deborah Rhodes					DOFA Level		Position #		Phone # Ext	
Signature: Deborah Rhodes					Title: VP Corp Services + CFO (Acting)		Date: July 15/14			

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.

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

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) [REDACTED]		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</u></p> <p>→ If expenses are for <u>travel, gas, etc.</u>, go to <u>Section B on pg 2.</u></p> <p>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	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					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
14-Mar-14	Boxes and moving labels for packing for relocation.	101	0006	71110100074	62620000	Yes		\$70.11		\$70.11
19-Mar-14	Home Rental Assistance for relocation	101	0006	71110100074	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)	101	0006	71110100074	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	101	0006	71110100074	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) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.									
Please click on the following link for the Bank of Canada exchange rate using the date of expense		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									
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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	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				
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value	

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)

Expenses Paid (Retain a copy for your records)

Boxes for packing

U-Haul Sales Item Invoice

Sales Items

Contract No. [REDACTED]
Friday 3/14/2014 9:37 AMU-Haul Moving & Storage of
St Johns
(843053)
HST No: 105438196RT0001183 Kenmount Rd
CANADA
ST. JOHN'S, NL. A1B3P9

(709)738-4285

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:
AMERICAN E

(S)

Type:
PURCHASE

Ref No:

Auth-

Credit Card Payment:

\$70.11

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.

X

Customer Signature

Krista Vokey

Krista Vokey



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

	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Home Rental Assistance	\$700.00	\$700.00
	Please provide payment upon receipt of invoice.		
	THANK YOU FOR YOUR BUSINESS!		
TOTAL			\$700.00
Canadian 'Goods & Sales Tax' - GST# 84793 8461 RT0001			
GST 5% TAX			\$35.00
TOTAL			\$735.00

AVIS

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

RENTAL AGREEMENT NUMBER: [REDACTED]

RECEIPT

Your Information

Customer Name: BRIAN GATLEN
Wizard Number: [REDACTED]
Avis Worldwide Discount: [REDACTED]
Customer Status: [REDACTED]
Method of Payment: [REDACTED]
Frequent Traveler Number: [REDACTED]

Your Vehicle Information

Vehicle Number: 32029745
Vehicle Group Rented: Standard SUV-5 Pass
Vehicle Group Charged: Standard SUV-5 Pass
Vehicle Description: WHI JEEP GRAND CHEROKEE 4x4
License Plate Number: [REDACTED]
Odometer Out: [REDACTED]
Odometer In: [REDACTED]
Total Driven: [REDACTED]
Fuel Gauge Reading: [REDACTED]

Your Rental

Pickup Date/Time: APR 21, 2014 @ 7:33AM
Pickup Location: 80 AIRPORT TERMINAL ACCESS RD
AIRPORT TERMINAL BUILDING
ST. JOHN'S, NF, A1A 4Y3, CA
709 722-6620

Return Date/Time: MAY 12, 2014 @ 12:00PM
Return Location: 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)

Rate Chart:	Free Kilometres:	Time and Kilometres:
Kilometres: UNLIMITED	Your Discount:	
Hourly: 41.00	1 DY @ 55.14 =	55.14
Daily: 82.00	3 WK @ 459.99 =	1379.97
Ad'l day: 55.14	Less 10.00% Discount =	(-)88.51
Weekly: 459.99		
Monthly: .00		
Agreed upon upgrade at 25.00 /Day	Time and Kilometres:	1346.60

Your Optional Products/Services

Optional Services Total: 0.00

Your Taxable Fees

14.68% Concession Recovery Fee	206.23
Vehicle License Fee 1.43/DY	31.46
*FTP Sur 5.25 Max 1.43/DY	5.25
ENERGY RECOVERY FEE 0.98/DY	21.56

Sub-total Charges: 1611.10
HST 13.000% 209.44

Your Non-Taxable Products/Services

Your Total Charges paid: 1820.54
Prepayment: 0.00

Net Charges: CAD 1820.54
Your Total Due: 0.00

- 3 days (82 x 3 = 246) = 277.98
+ HST

- Car in St. John's
as ours was being
shipped here.

1820.54 1820.54

- 246.00 - 277.98

1574.54 (1542.56)

Thank you for renting 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 [REDACTED]

RECEIPT

YOUR INFORMATION

Customer Name : GATIEN, BRIAN
Loyalty Level : PREFERRED
Wizard Number : [REDACTED]
Avis Worldwide Disc : GATIEN HR LAW PC
Methods Of Payment : [REDACTED]
Travel Partner Num : [REDACTED]

YOUR VEHICLE INFORMATION

Avis Car Number : 3 1 5 5 9 6 8 4
Plate Number : AB J73952
Veh Grp Charged : Full-Size
Veh Grp Rented : Standard SUV-7 Pass
Veh Description : WHI CHEV. IMPALA W/WINTER TIRES
Total Driven : 164 KMs Odometer In: 39912 KMs
Fuel Gauge Reading: Full

YOUR RENTAL

Pickup Date/Time : MAY 10, 2014 11:36 AM
Pickup Location : [REDACTED]

Return Date/Time : MAY 12, 2014 03:45 PM
Return Location : [REDACTED] STREET
[REDACTED] B, TSJ 3E9, CA

YOUR VEHICLE CHARGES:

MIN 3 DAY

RATE CHART

TIME AND MILEAGE

KMs : Unlimited

HRLY : 32.25

DAILY : 42.99

AD DY : 72.99

MTLY :

MIN 3DY/8F/E 164FM + 128.97
Less 10.0% Discount = 12.90

Time & Mileages: 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 1.25/DY + 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 : .00

NET CHARGES: CAD 164.23

Your Total Due: 0.00

Fuel service: .4418/KM 3.800/Lit

YOUR OPTIONAL PRODUCTS/SERVICES

[REDACTED]

*- car in Edmonton
waiting for ours to
arrive.
moving
expenses*

-----NOTICES-----AVIS-----NOTICES-----AVIS-----NOTICES

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

EST NO: R100361983

This vehicle was rented to you by ROSAMARIA

This vehicle was checked in for you by HANY



Alberta Health
Services

Relocation Assistance Expense Claim Summary

A completed copy of the Relocation Assistance Expense Claim Summary, the Travel, Hospitality supporting receipts and documentation must be submitted to Accounts Payable. Enter the total of 6262000, in section C of the Travel, Hospitality and Expense Claim. The maximum that can be

Employee Name (Last, First)	
Kaminski, Vickie	
Department Name	Position Title
Corporate	President and CEO
<u>Pre-Location (House hunting)</u>	
Meals	\$0.00
Accommodations	\$0.00
Transportation	\$1,542.56
Total Pre-Location	\$1,542.56
<u>Household</u>	
Legal fees	\$0.00
Real estate fees	\$0.00
Household effects & ^{Two} vehicle	\$20,817.25
Mobile or Modular home	\$0.00
Total Household	\$20,817.25
<u>Relocation</u>	
Meals	\$0.00
Subsistence allowance (Spouse or Partner)	\$0.00
Subsistence allowance (Dependant)	\$0.00
Transportation	\$164.23
Total Relocation	\$164.23
<u>Temporary Accommodation</u>	
Total Temporary Accommodation	\$0.00
<u>Incidental</u>	
Total Incidental	\$805.11
<u>Discretionary</u>	
Mortgage penalty	\$0.00
Tenancy lease penalty	\$0.00
Interim financing/interest charges	\$0.00
Total Temporary Accommodations, Incidental & Discretionary	\$0.00
Total Expenses	\$23,329.15
Maximum Amount Allowed (up to 10% of base salary)	\$0.00
<input checked="" type="checkbox"/> I confirm that these expenses are accurate	
Employee Signature <i>Vickie Kaminski</i>	Date (yyyy-Mon-dd) <i>July 15, 2014</i>
Approval	
<input type="checkbox"/> I have reviewed this Relocation Assistance Expense Claim Summary expenses and approve the amount \$_____ for reimbursement	
Manager's Name Dr. John Cowell	Manager's Signature <i>[Signature]</i>
Date (yyyy-Mon-dd) <i>July 16, 2014</i>	