

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of August 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)
Aug-14	P-Card	Meetings			157	447	604	-		
Aug-14	Expense Claim	Meetings			242		242			-
Aug-14	Direct-Billing	Meetings	1,750				1,750			
Total			\$ 1,750	\$ -	\$ 399	\$ 447	\$ 2,596	\$ -	\$ -	\$ -

Total for the Month \$ 2,596

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 215
 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:			
<ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below 			
<u>KAMINSKI, VICKIE</u>	<u>PRESIDENT & CEO</u>	Billing Reporting Period:	<u>20/08/2014</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$604.40</u>
<u>CORPORATE</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card #: XXXXXXXXXX	
Cardholder's Dept	Cardholder's Site/Location		
<u>VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA</u>			
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/07/2014	358853112	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from residence to Edmonton Airport (July 7, 2014) to work from the Calgary office.
21/07/2014	358853113	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from Edmonton Airport to residence (July 8, 2014) worked from Calgary office.
28/07/2014	359532879	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	57.60	CAD	57.60	2.74	.00	Taxi from Calgary Airport to International Hotel to attend meeting regarding the Calgary Cancer Centre.
05/08/2014	360308370	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	42.00	CAD	42.00	2.00	.00	Taxi from McDougall Centre to Calgary Airport to attend meetings with staff.
07/08/2014	360485801	1104316 ALBERTA LTD, LIMOUSINES AND TAXICABS	203.52	CAD	203.52	9.69	.00	Taxi from Southport to McDougall Centre and return. Worked from Calgary office and attended meetings.
08/08/2014	360633772	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	157.28	CAD	157.28	7.48	.00	1 night accomodation to meet with staff in High Level, Fort Vermilion and La Crete and to tour facilities.

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Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Jennifer Hamstra</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>Aug. 21, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>KAMINSKI, VICKIE</u> Name of Cardholder</p> <p><u>Vickie Kaminski</u> Signature of Cardholder</p>	<p><u>PRESIDENT & CEO</u> Cardholder Position/Title</p> <p><u>Aug. 22, 2014</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Acting CFO</u> Approver Designate Position/Title</p> <p><u>AUG 29 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Janet Davidson</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>18/09/14</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference #:	Reviewed by:	Date:

VICKIE KAMINSKI

July 07/2014.

RES AP

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

Term Id:4502412509440
Item #:0560
M/C PURCHASE
Op Id:11495
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: 2014/07/21 Time: 05:25:37
Response [REDACTED]

CUSTOMER COPY

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July 07, 2014 (\$72.00)

- Taxi from Residence to Edmonton Airport to work from the Calgary office.

VICKIE KAMINSKI

July 08/2014.

RES.

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

Term Id:4502412509440
Item #:0561
M/C PURCHASE
Op Id:11495
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: 2014/07/21 Time: 05:27:08
Response: AUTH [REDACTED]

CUSTOMER COPY

②

July 08, 2014 (\$72.00)

- Taxi from Edmonton Airport to Residence worked from the Calgary office.

ALLIED LTMO/ASSOCIATED
307 41 AVENUE NE T2E2N4
CALGARY AB
21640631

|||| PURCHASE ||||

07-28-2014 15:24:18

Acct # [REDACTED]

Exp Date [REDACTED]

Name: VICKIE KAMINSKI

A0000000041010 MasterCard

Trace # [REDACTED]

FVZ104003158

Inv. # [REDACTED]

Auth # [REDACTED] RRN 001003494

Purchase \$50.60

Tip \$7.00

Total \$57.60

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

403-299-9555
www.calgarytaxi.com

ASSOCIATED CAB ALTA LTD
307 41 AVE. NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/07/29

PICK UP TIME: 09:26

DROP-OFF TIME: 09:45

TRIP ID: 0

LOCATION: 073000-45024103707

CAR NUMBER: [REDACTED]

CARD TYPE: [REDACTED]

CARD: [REDACTED]

EXPIRY: [REDACTED]

AMT: [REDACTED]

FARE (\$) 34.50

EXTRA (\$) 0.00

SUBTLE (\$) 34.50

TIP (\$) _____

TOTAL (\$) 42.00

SIGNATURE _____

FOR ONLINE BOOKINGS VISIT
OUR WEBSITE SOCIATFDCAB.CA

CUSTOMER [REDACTED]

July 28, 2014 (\$57.60)

- Taxi from Calgary Airport to International Hotel to attend meeting regarding the Calgary Cancer Centre.

July 29, 2014 (\$42.00)

- Taxi from McDougall Centre to Calgary Airport attended meeting regarding the Calgary Cancer Centre.

1104316 ALBERTA LTD (Car Service)
37 Royal Oak Cove NW
Calgary AB T3G4X7

Safe & Reliable Car Service provider

Vickie Kaminski
Donna Zinyk

Invoice # [REDACTED]
Invoice Date July 8, 2014
Amount Due \$0.00 CAD

Item	Description	Unit Cost	Quantity	Line Total
Car Service	July 7 - 11.00 am - Ms. Kaminski [REDACTED]	84.80	1	84.80
Car Service	July 7 - 1.45 pm - Ms. Kaminski - [REDACTED]	84.80	1	84.80
Subtotal				169.60
GST (864810676) 5%				8.48
Gratuity 15%				25.44
Total				203.52
Amount Paid				-203.52
Amount Due				\$0.00 CAD

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July 07, 2014 (\$203.52)

- Taxi from Southport to McDougall Centre and return. Working from Calgary office and attended McDougall Centre meeting with Government officials.

BEST WESTERN PLUS

MIRAGE HOTEL & RESORT
9616 Highway 58
High Level, AB T0H 1Z0



(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM

WWW.BESTWESTERNHIGHLEVEL.COM

C/O 08/08/2014 08:41 AM ML

Registered To:
KAMINSKI, VICTORIA MS
AB HEALTH SERVICES

*Pre-card charge
High Level*

Room #

Conf #

Arrival

Departure

Room Type

Guests

Payment

Acct

[Redacted]

[Redacted]

08/07/14

08/08/14

[Redacted]

2 / 0

[Redacted]

Posting	Oper	AcctCo	Description	From	Reference	Amount
08/07/14	MG	[Redacted]	ROOM CHRG REVENUE			\$144.99
08/07/14	MG	[Redacted]	TOURISUM LEVY			\$5.80
08/07/14	MG	[Redacted]	Tourism Improvement Fee			\$4.35
08/07/14	MG	[Redacted]	Eco-Stay Sur-Charge			\$2.00
08/07/14	MG	[Redacted]	TOURISUM LEVY			\$0.08
08/07/14	MG	[Redacted]	Tourism Improvement Fee			\$0.06
08/08/14	ML	[Redacted]	PAYMENT MC			\$157.28-

Balance Due	\$0.00
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August 7, 2014 (\$157.28)

- 1 night accommodation to meet with staff in High Level, Fort Vermilion and La Crete and to tour facilities.

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

SMOKING IN NON-SMOKING ROOMS IS STRICTLY PROHIBITED, VIOLATORS WILL BE CHARGED \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

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

Expense Date From: 28-Jul-14 To 20-Aug-14
 Travel Period from: _____ To _____
 Out-of-Province Travel

Name: Vickie Kaminski Position (Title): President & CEO
 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	Total Section C&D	
2A	101	0006	71110100074	\$241.61						\$241.61		
2B												
2C												
2D												
				\$241.61								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL CLAIM		\$241.61
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SECTION F: AUTHORIZATION

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

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

Employee Signature: Vickie Kaminski Date: Aug. 22, 2014

I affirm 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 affirm 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 affirm 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): Deb Rhodes DOFA Level _____ Position # _____ Phone # _____ Ext _____

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

Signature: Deborah Rhodes Title: Acting VP Corporate Services a7 CFO Date: Sept. 3/14

I affirm 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 affirm 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 affirm 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): Janet Davidson DOFA Level _____ Position # _____ Phone # 780-342-2029 Ext _____

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

Signature: Janet Davidson Title: Official Administrator Date: 18/09/14

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, 16th Floor, Accounts Payable, Edmonton, AB T6J 3E4

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110100074	Emp # (E-People) [REDACTED]	Page 2A
<i>If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.</i>		

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

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Tax			
					Meal Type with value	Allowance	Meal Type	with receipt						
28-Jul-14	One night accommodation to attend meeting in Calgary regarding the Calgary Cancer Centre.	AB - Provinc	Meeting	Yes						\$241.81				
SUBTOTALS										\$241.81				Total Km

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)
Mileage \$	
Travel \$ Subtotal \$241.81	
Auto fills on page 1 - TOTAL TRAVEL \$ \$241.81	

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)

12-11



INTERNATIONAL HOTEL
CALGARY

220 4th Avenue S.W. , Calgary, Alberta T2P 0H5 Canada
Telephone No. (403) 265-9600
Fax No. (403) 290-7879
GST R121402523RT0001

Reservation Number [REDACTED]

Send to **Vickie Kaminski**

Phone

Guest Name **Vickie Kaminski**

Arrival Date
7/28/2014

Departure Date
7/29/2014

Room Information

Bill To **Kaminski, Vickie**

Phone

Folio Number [REDACTED]

Trans Date	Description	Voucher	Amount
Charges			
7/28/2014	Room Charge Daily rate	mbl-1702	215.20
7/28/2014	Tourism Levy	mbl-1702	8.87
7/28/2014	Goods & Services Tax	mbl-1702	11.08
7/28/2014	Destination Marketing Fee	mbl-1702	6.46
Total Charges			241.61
Payments			
7/29/2014	Payment - American Express	1702	-241.61
Total Payments			-241.61
Balance Due:			0.00

GST Summary
Registration No. : GST R121402523RT0001

Total GST **11.08**

July 28, 2014 (\$241.61)

- 1 night accommodation (exceeds the guideline for accommodation by \$15.20 as only room available at time of booking) in Calgary to attend meeting regarding the Calgary Cancer Centre.

I agree to remain personally liable for the payment of this account if the corporation or other third party fails to pay part or all of these charges

Guest Signature: _____

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: August 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-08-22	Direct Billing	Transportation	Airline Tickets to Calgary to attend meetings on July 21, 2014 and return to Edmonton (Invoice 12817) - Flight cancelled Credit will be used at a later date.	Marlin Travel	\$118.00

2014-07-23	Direct Billing	Transportation	Airline Tickets to Calgary on July 28 th to attend meeting regarding the Calgary Cancer Centre and return to Edmonton on July 29 th (Invoice 11636).	Marlin Travel	434.96
2014-07-29	Direct Billing	Transportation	Airline Tickets to High Level on August 7 th to meet with staff in High Level, Fort Vermilion and La Crete and to tour facilities. 1 night accomodation and return flight on August 8 th to Edmonton (Invoice 11854).	Marlin Travel	\$936.00
2014-06-17	Direct Billing	Transportation	Airline Tickets to Calgary and return (flights cancelled) - credit to be used at a later date. On June Direct Billing \$260.98 disclosed, balance of \$260.98 being disclosed in August, 2014 (Invoice 10225)	Marlin Travel	\$260.98
	Choose One	Choose One			
Total Paid in the Month					\$1,749.94

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
[REDACTED]

Invoice Number: [REDACTED]
Date: August 22, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI

Monday, July 21, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Flight: 8133 W CLASS
07:00 AM
07:46 AM
Reference: NQCNMA

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Flight: 251JUL W CLASS
04:30 PM
05:21 PM
Reference: NQCNMA

Cost:
AIR CANADA WEB [REDACTED] 118.00
Total:

Grand Total: 118.00
Less Credit Card Payments: 118.00
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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

Invoice Number: [REDACTED]
Date: August 22, 2014
Page: 2/2
Our Reference: [REDACTED]

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

Invoice Number: [REDACTED]
Date: July 23, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

MS VICTORIA KAMINSKI
AC [REDACTED]

Monday, July 28, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Seat(s): 2D
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8149 W CLASS
03:00 PM Equipment: D8 (300 SERIES)
03:52 PM

Mile(s) Flown: 153

Reference: [REDACTED]

Tuesday, July 29, 2014

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Seat(s): 2C
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8138 W CLASS
10:30 AM Equipment: DH4
11:20 AM

Mile(s) Flown: 153

Reference: [REDACTED]

Cost:

AIR CANADA W [REDACTED]	[REDACTED]	360.00
	Tax:	74.96
	Ticket Total:	434.96

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

Invoice Number: [REDACTED]
Date: July 23, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	434.96
Less Credit Card Payments:	434.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

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

Invoice Number: [REDACTED]

Date: July 29, 2014

Page: 1/2

Our Reference: [REDACTED]

Your Reference: [REDACTED]

INVOICE

For

MS VICTORIA KAMINSKI

AC [REDACTED]

Thursday, August 7, 2014

Air

CENTRAL MOUNTAIN AIR

From: EDMONTON INTL AB

To: HIGH LEVEL

Stops: 0

TICKET NUMBER [REDACTED]

Flight: 775 ECONOMY CLASS

03:10 PM Equipment: BEH

04:50 PM

Mile(s) Flown: 393

Hotel

Check In: 07Aug2014 12:00 AM

Check Out: 08Aug2014 12:00 AM

HIGH LEVEL

BEST WESTERN

PLUS MIRAGE HOTEL

9616 HIGHWAY 58, HIGH LEVEL

AB, T0H 1Z0

CA

Tel: 7808211000

Fax: 7808218300

Confirmation: [REDACTED]

Rooms 1

1 Nights(s)

DELUXE ONE QUEEN BED

Rate: 124.99 CAD per Night

Guaranteed for late arrival

Friday, August 8, 2014

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

Invoice Number: [REDACTED]
Date: July 29, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, August 8, 2014

✈ Air

CENTRAL MOUNTAIN AIR Flight: 772 ECONOMY CLASS
From: HIGH LEVEL 05:15 PM Equipment: BEH
To: EDMONTON INTL AB 06:45 PM Mile(s) Flown: 393
Stops: 0
TICKET NUMBER [REDACTED]

Cost:

CENTRAL MOUNTAIN AIR [REDACTED]	906.00
Tax:	30.00
Ticket Total:	936.00

Total:

Grand Total:	936.00
Less Credit Card Payments:	936.00
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 UNDER WRITTEN BY MANULIFE FINANCIAL
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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: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
19030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

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 [REDACTED]

Flight: 8156 V CLASS
06:00 PM Equipment: CRJ JET
06:48 PM

Mile(s) Flown: 153

Reference: [REDACTED]

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 [REDACTED]

Flight: 8151 U CLASS
04:00 PM Equipment: DH4
04:49 PM

Mile(s) Flown: 153

Reference: [REDACTED]

Cost:

AIR CANADA WE [REDACTED]

[REDACTED] 452.00

Tax:

69.96

Ticket Total:

521.96

Disclosed in June <260.98>

Balance to be disclosed in Aug 260.98