

## Official Administrator and Executive Expense Report

**Name** Vickie Kaminski  
**Title** President & Chief Executive Officer  
**Location** Edmonton  
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings				106	106			
Apr-15	Expense Claim	Meetings	989			324	1,313			
Apr-15	Direct Billing	Meetings	363				363			
<b>Total</b>			\$ 1,352	\$ -	\$ -	\$ 430	\$ 1,782	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,782

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ -  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<b>KAMINSKI, VICKIE</b> Cardholder's Name	<b>PRESIDENT &amp; CEO</b> Cardholder's Position/Title	Billing Reporting Period: <b>20/04/2015</b>	
<b>CORPORATE</b> Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	Total Statement Amount: <del>\$1,689.21</del> <b>\$106.00</b>	
<b>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card #: <b>XXXXXXXXXX281726</b>	

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight Description
27/03/2015	384972732	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00 Parking at ATB Place to attend meeting with Deputy Minister and other Ministry staff.
02/04/2015	386027516	AIR CAN [REDACTED] CANADA	847.96	CAD	<del>847.96</del>	.00	.00 Airfare-YEG to Toronto and return to attend CPBI Board Meeting-June 11-12-org. paying for cost-AHS will be fully reimbursed.
02/04/2015	386027516	AIR CAN [REDACTED] CANADA	591.24	CAD	<del>591.24</del>	.00	.00 Airfare-Toronto to Charlottetown to attend HealthCareCAN meeting-June 12-17-org. paying for cost AHS will be fully reimbursed.
06/04/2015	388424071	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00 Parking at ATB Place to attend breakfast meeting with ADM.
14/04/2015	388965567	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	<del>72.00</del>	3.43	.00 Taxi from Residence to Airport to attend CCHL Meeting in Victoria (org. paying for the post AHS will be fully reimbursed).
14/04/2015	386965568	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	<del>72.00</del>	3.43	.00 Taxi from YEG to residence - attended CCHL Meeting in Victoria (org. paying for cost - AHS will be fully reimbursed).
15/04/2015	387169331	YELLOW CAB, LIMOUSINES AND TAXICABS	70.00	CAD	70.00	3.33	Taxi - Edmonton Airport to residence (attended meeting at Fieldlaw Offices in Calgary).

**Signatures**

**Cardholder Designate (If Applicable)**  
By signing this statement

- 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.

Jennifer Hamstra  
Name of Cardholder Designate

Executive Secretary  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

May 15, 2015  
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 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.

KAMINSKI, VICKIE  
Name of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

May 14, 2015  
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.

Carl Amrhein  
Name of Approver Designate

O/A  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

May 25, 2015  
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

VP, Corporate Services & CFO  
Approver Position/Title

[Signature]  
Signature of Approver

May 19, 2015  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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**Accounts Payable only:**

Reference #:	Reviewed by:	Date:
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**March 27, 2015 (\$24.00)**

- Parking at ATB Place to attend meeting with the Deputy Minister and other Ministry staff.

*nty 2 Deputy AM, Andrew Warner*  
*ADAM AM, Deputy Justice*  
*Impact Lot 101*

**'RECEIPT**  
Impact Lot 101

[REDACTED]

Expiration Date/Time  
**05:27 PM**  
**MAR 27, 2015**

Purchase Date/Time: 01:27pm Mar 27, 2015  
Total Parking: \$22.66  
Total gst: \$1.14  
Total Due: \$24.00      Rate: 4 hours - \$24.00  
Total Paid: \$24.00      Payment Type: Card  
Ticket: [REDACTED]  
SN #: 100008440036  
Setting: Lot 101  
Mach Name: Meter 3

[REDACTED] MasterCard      Auth # [REDACTED]

GST #887316638RT0001  
NO IN AND OUT PRIVILEGES

**'RECEIPT**  
Impact Lot 101

[REDACTED]

**09:25 AM**  
**APR 09, 2015**

Purchase Date/Time: 07:25am Apr 09, 2015  
Total Parking: \$11.43  
Total gst: \$0.57  
Total Due: \$12.00      Rate: 2 hours - \$12.00  
Total Paid: \$12.00      Payment Type: Card  
Ticket: [REDACTED]  
SN #: 100008440036  
Setting: Lot 101  
Mach Name: Meter 3

[REDACTED] MasterCard      Auth # [REDACTED]

GST #887316638RT0001  
NO IN AND OUT PRIVILEGES

**April 09, 2015 (\$12.00)**

- Parking at ATB Place to attend meeting with the Deputy Minister and other Ministry staff.

YELLOW CAB  
10130 50 ST/CPNE NW  
Edmonton AB T6A-1C2  
780-452-3456

Term Id: 4582412478263  
Itm # 1578  
MasterCard  
PURCHASE  
Or Id [REDACTED]  
Card [REDACTED]

AID: 0000000041010

APPROVED

AMOUNT	CAD\$60.00
TIP	CAD\$10.00
	=====
TOTAL	CAD\$70.00

7

Ref: [REDACTED]  
Auth: [REDACTED]  
Pcsc: 0001 00  
TUK: 400004000  
TSI: 0000

BOOK ON LINE AT EMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

AST 10000070

Date: 2015-04-15 10:59  
Response: [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

**April 15, 2015 (\$70.00)**

- Taxi from Edmonton Airport to Residence (attended meeting at FieldLaw Office in Calgary).

**TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM**

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

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

Expense Date From: 22-Apr-15 To 30-Apr-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Vickie Kaminski Position (Title): President & CEO  
 Location: \_\_\_\_\_ Dept: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0006	71110100074	\$1,312.81					
2B									
2C									
2D									
				\$1,312.81					

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 REIMBURSEMENT	
Total Section B	\$1,312.81
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$1,312.81</b>

**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.

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature: Vickie Kaminski Date: May 15, 2015

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): Deb Rhodes DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: May 19/15

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

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): Dr. Carl Amrhein DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: Carl Amrhein Title: Official Administrator Date: May 25, 2015

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

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, Edmonton, AB T5J 3E4

**EXPENSE CLAIM DETAILS**

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

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

Select from dropdown (column Prov.) where expenses were incurred (Out of N.America = Int'l) 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 <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> 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	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
22-Apr-15	Travel to Calgary and return to attend meetings in Calgary.	AB - Provincial	Meeting	Yes										641.00
27-Apr-15	Airfare to Ottawa and return to attend and present at the CEC in Residence for the Telfer School of Management at the University of Ottawa	ON	Meeting	Yes					\$989.10					
<b>SUBTOTALS</b>														Total Km 641.00

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p align="center">→ details of travel location to &amp; 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</p>	<p align="center">Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$    \$0.505</p>
<p align="center"><b>Note:</b> Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	
<p align="right">Mileage \$    \$323.71</p>	
<p align="right">Travel \$ Subtotal    \$989.10</p>	
<p align="right">Auto fills on page 1 - <b>TOTAL TRAVEL \$</b>    \$1,312.81</p>	

**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)

Donna Zinyk

**From:** Air Canada <confirmation@aircanada.ca>  
**Sent:** Thursday, April 02, 2015 10:15 AM  
**To:** Donna Zinyk  
**Subject:** Vickie is sending you the itinerary for your next trip from Edmonton to Ottawa.

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*



## Itinerary/Receipt

From: Vickie

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Access your personalized Air Canada travel information

[View your planner >](#)

### Booking Information

**Booking Reference:** [REDACTED]

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mrs Victoria Kaminski

vickie.kaminski@albertahealthservices.ca

Mobile: [REDACTED]

Work: [REDACTED]

#### Online Services

[Manage](#) my booking online (view/change my booking; select seats\*).

[Request an upgrade](#)

[Select Seats](#)

[Maple Leaf Lounge](#) | [Meal Vouchers](#) | [On My Way](#)

[Alert me](#) of flight status changes directly to my mobile phone or email.

[Flight Arrivals & Departures](#) - check online if my flight is on time.

[Check-in online](#) and print my boarding pass.

#### Customer Care

**Air Canada**

1-888-247-2262

**Flight Arrivals and Departures**

1-888-422-7533

\* [Can my booking be changed online?](#)

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
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AC192	<b>Edmonton, Edmonton Int'l (YEG)</b> Mon 27-Apr 2015 11:05	<b>Ottawa, Ottawa Int'l (YOW)</b> Mon 27-Apr 2015 16:57	0	3hr52	E90	Flex, W	<input checked="" type="checkbox"/>
AC143	<b>Ottawa, Ottawa Int'l (YOW)</b> Tue 28-Apr 2015 17:40	<b>Edmonton, Edmonton Int'l (YEG)</b> Tue 28-Apr 2015 20:02	0	4hr22	E90	Flex, V	<input checked="" type="checkbox"/>

F: Food for purchase on board All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

### Passenger Information

1: Mrs Victoria Kaminski : Adult (16+), Ticket Number [REDACTED]  
 Air Canada - [REDACTED] Meal Preference : None  
 Aeroplan : [REDACTED]  
 Payment Card: [REDACTED] Special Needs: None  
 Seat Selection: AC192 12D (Preferred) , AC143 14D (Preferred)

### Purchase Summary

#### Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - Flex	410.00
Return Flight - Flex	417.00
Surcharges	46.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	53.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	45.86
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	2.99
Air Travellers Security Charge (ATSC)	14.25
Total before options (per passenger)	989.10
Number of passengers	x 1
Total with options	989.10
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$989.10</b>

#### Payment Information

Credit/Debit Card [REDACTED] - Amount paid: \$989.10  
 The following amount (tax inclusive) will appear on your credit card or debit card statement:

Air Canada: \$989.10 (Air Transp. Charges - per ticket)

Ticket number [REDACTED]

### enRoute City Guide

# Ottawa

## 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: April 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-07	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on April 15/15 (worked out of Calgary office and meeting at FieldLaw Office Meeting)	Marlin Travel	\$362.96
	Choose One	Choose One			\$

	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$362.96</b>

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

Invoice Number:  
Date: April 7, 2015  
Page: 1/2  
Our Reference:  
Your Reference:

# INVOICE

For  
MS VICTORIA KAMINSKI  
AC

Wednesday, April 15, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 15Apr15  
Seat(s): 03C  
AIR CANADA E

Flight: 8133 W CLASS  
07:00 AM Equipment: DH4  
07:50 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 15Apr15  
Seat(s): 03C  
AIR CANADA E

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

Mile(s) Flown: 163

## Cost:

TKT- E-TKT

Tax: 74.96  
Ticket Total: 362.96

288.00

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

Invoice Number: [REDACTED]  
Date: April 7, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	362.96
<b>Less Credit Card Payments:</b>	362.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.