

Official Administrator and Executive Expense Report

Name DR. Paul Grundy
Title SVP Cancer Care/Senior Medical Director Cancer Care
Location Edmonton
 Expenses submitted during the month of January 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)
Jan-14	Direct Billing	Meetings	1,006				1,006			
Jan-14	Expense Claim	Meetings		21		283	304			
Total			\$ 1,006	\$ 21	\$ -	\$ 283	\$ 1,310	\$ -	\$ -	\$ -

Total for the Month \$ 1,310

Maximum meal expense claimed in the month \$ 12
 Maximum daily 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

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: Paul Grundy

Reporting Period for the Month of: January 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-01-10	Direct Billing	Transportation	Fly to Calgary for S&S Committee meetings all day Jan 10	Marlin	\$437.96
2014-01-17	Choose One	Transportation	Fly to Calgary for ACF Board meeting	Marlin	\$567.96
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$1,005.92

MARLIN TRAVEL

GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

January 14, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

Friday, January 17, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8151 M CLASS

04:00 PM Equipment: DH4

04:48 PM

Mile(s) Flown: 153

Saturday, January 18, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 1D

Flight: 8160 W CLASS

06:30 PM Equipment: D8 (300 SERIES)

07:23 PM

Mile(s) Flown: 153

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

January 14, 2014

Page:

2/2

Our Reference:

Your Reference:

INVOICE

Cost:

AIR CANADA WEB

488.00

Tax:

69.96

Ticket Total:

557.96

10.00

Total:

Grand Total:

567.96

Less Credit Card Payments:

567.96

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.

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

January 7, 2014

Page:

2/2

Our Reference:

Your Reference:

INVOICE

Cost:

AIR CANADA WEB

TK

Total:

Tax:

Ticket Total:

Grand Total:

Less Credit Card Payments:

Credit / Balance Due To This Invoice:

Total Balance Due:

358.00

69.96

427.96

10.00

437.96

437.96

0.00

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
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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: 10-Jan-14 To 18-Jan-14
 Travel Period from: 10-Jan-14 To 18-Jan-14 (if applicable)
 Out-of-Province Travel: ☒ NO

Name: Dr. Paul Grundy

Position (Title): SVP/SrMD

Location: Sun Life Place

Dept: CancerControl

DOFA Level:

(if applicable)

Union: N/A

Business Phone #:

Ext: N/A

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110000012	\$290.55
2B	101	0000	71110000012	\$13.38
2C				
2D				
				\$303.93

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

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & \$ Amounts

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

TOTAL REIMBURSEMENT

Total Section B	\$303.93
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$303.93

SECTION F: AUTHORIZATION

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.

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 Expenses Policy - Document# 1122

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

Employee Signature:



Date:

Feb 19, 2014

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.

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): Rick Trimp

DOFA Level

Position #

Phone #

Ext N/A

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

Signature:



Title

Interim Pres/CEO Pop.Hlth & Prov. Svcs

Date:

Feb 27 2014

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.

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):

DOFA Level

Position #

Phone #

Ext

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

Signature:

Title

Date

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 31(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.

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0000

71110000012

Emp # (E-People)

Page 2A

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 = 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

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-mm-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? Y/N	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					
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare			
10-Jan-14	Mileage from home to Edmonton airport. Flying to Calgary for S&S Committee for TBCC Exec Director all day Friday and PAC meetings evening of Jan 10 and all day Jan 11	AB	Recruit	Yes								26.50 (1)
10-Jan-14	Celi here to travel from Celi Airport to Football Market Centre for S&S Committee for TBCC Exec Director	AB	Recruit	Yes					\$48.70 (2)			
10-Jan-14	B & L Meal expenses: Flight left at 6am: S&S Committee all day and last Provincial Advisory meeting Fri Jan 10 (evening) and all day Saturday Jan 11th	AB	Recruit	Yes	BL-\$20.80	\$20.80						
11-Jan-14	Edmonton Airport parking expense, car left two day (Jan 10 and 11, 2014)	AB	Recruit	Yes						\$46.00 (3)		
11-Jan-14	Mileage from Edmonton Airport to home	AB	Recruit	Yes								26.50 (4)
17-Jan-14	Car rental: Flew to Calgary to attend the Albar Cancer Foundation Board Meeting Jan 17th (evening) and all day Jan 18th	AB	Meeting	Yes						\$81.72 (5)		
17-Jan-14	Gas to fill car rental: Flew to Calgary to attend the Albar Cancer Foundation Board Meeting Jan 17th (evening) and all day Jan 18th	AB	Meeting	Yes						\$20.56 (6)		
18-Jan-14	Edmonton Airport parking expense: car left two day (Jan 17 and 18, 2014)	AB	Meeting	Yes						\$46.00 (7)		
SUBTOTALS						\$20.80				\$48.70	\$194.28	Total Kms 53.00

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)

\$0.505

Mileage \$ 26.77

Travel \$ Subtotal 263.78

Auto fills on page 1 - TOTAL TRAVEL \$ 290.55

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)

Emp # (E-People)

Enter Finance Coding

101 0000 71110000012

Emp # (E-People)

Page 2B

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.

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 = Intert)
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

SUBTOTALS

Total Kms	28.50
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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)

\$0.505

Mileage \$	\$13.38
------------	---------

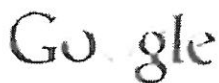
Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$	\$13.38
--	---------

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)



Directions to Edmonton International Airport
1000 Airport Rd, Edmonton International Airport,
Alberta T9E 0V3
26.5 km – about 25 mins



1. Head **east** on **73 Ave NW** toward **116 St NW**
go 220 m
total 220 m
- ← 2. Take the 1st left onto **115 St NW**
About 1 min
go 300 m
total 550 m
- 3. Turn right onto **76 Ave NW**
About 54 secs
go 190 m
total 750 m
- 4. Turn right onto **114 St NW S**
go 400 m
total 1.1 km
5. Continue straight onto **113 St NW S**
About 2 mins
go 1.2 km
total 2.3 km
6. Continue onto **61 Ave NW E**
About 2 mins
go 1.6 km
total 4.0 km
- 7. Turn right onto **104 St NW S**
go 500 m
total 4.5 km
8. Continue onto **Calgary Trail NW**
About 6 mins
go 4.0 km
total 8.5 km
9. Continue onto **AB-2 S** (signs for **19 Ave E**)
About 10 mins
go 16.7 km
total 25.2 km
- ↗ 10. Take exit **522** toward **Edmonton/Nisku/Business Park/10th Avenue**
go 700 m
total 25.8 km
- 11. Keep right at the fork, follow signs for **Edmonton** and merge onto **Airport Rd**
Destination will be on the right
go 650 m
total 26.5 km



Edmonton International Airport
1000 Airport Rd, Edmonton International Airport, Alberta T9E 0V3

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.ca and click "Report a problem" at the bottom left.

GST# R128599776

Edmonton Airports (5)

Can-T5J 2T2 Edmonton
Tax CodeCA5%POF 1st Fl 1/01/14 18:11
Receipt

Short-term parking tkt

HL - No. 032325

10/01/14 05:12 -

12/01/14 05:11 -

Period 2d0h0'

(Tax) \$46.00

Total \$46.00

Payment Received \$46.00

AMEX

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

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Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped

GALGARY AIRPORT

RENTAL RECORD:

PAUL
GRUNDY
COMPLETED BY: R1675
RENTED: CALGARY AIRPORT
PHONE: [REDACTED]
RENTAL: 01-17-14 1700
RETURN: 01-18-14 1740
LICENSE: [REDACTED]
KILOM IN: [REDACTED] OUT: [REDACTED]
KILOM DRIVEN: 249
PLAN IN/OUT: MCLE /MCLE
CLS: C

INITIAL CHARGES

1 WKEND DAYS 35.49 (G) 35.49
1 EX HOURS 17.75 17.75
SUBTOT 53.24

SERVICE CHARGES/TAXES

CFC (G) 12.00
VLCR (G) .82
ENERGY SRG (G) .88
ACSRG (G) 2.00
CFR 15.610% (G) 8.89
GST 5.000% ON 77.83 (N) 3.89
TOTAL AMOUNT DUE 81.72
CHARGED ON: AMX 81.72
CREDIT CARD #: [REDACTED]

Gold Plus Rewards Points Earned for
this Rental: 49

FOR EXPLANATION OF THE ABOVE CHARGES,
PLEASE ASK A REPRESENTATIVE OR GO TO
WWW.HERTZ.CA/CHARGEEXPLAINED

GST REGISTRANT NUMBER

R102337847

N=No Tax, G=GST

* A MESSAGE FROM HERTZ *

CHECK OUT OUR GREAT RATES ON HERTZ.COM!
Enjoy great deals and fast reservations
to meet all your needs... work or
pleasure! Visit www.Hertz.com!

* WE LOOK FORWARD TO YOUR NEXT VISIT! *

Save up to \$25

on your next rental
by taking a brief survey:

hertzsurvey.ca

or 1-800-408-4116

Enter access code: 06125

Edmonton Airport Truck
9100 Barlow Trail NE
Calgary, AB
(403) 250-8418
GST# 826570244
Retailer ID 4714267
Ref: [REDACTED] 220-4
Barlow 3155-10

Item Amount
Pump 4
1st Regular \$20.56
18.704 L x \$1.099/L
AMOUNT \$20.56
GST (Tax Pump) \$0.98

AMERICAN EXPRESS

2014/01/18 17:35:55
A# [REDACTED] 122004HC
112001001008 00-000

Approved - Thank you

Get FREE Fuel Fast!
Register today at
myFuskyRewards.ca

Airport → F77C

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 289-1111
INSIST ON TI : PROFESSIONALS

DATE: 2014/01/18
PICK-UP TIME: 07:02
DROP-OFF TIME: 07:38
TRIP ID: [REDACTED]
LOCATION: [REDACTED]
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 42.70
EXTRA (\$) 0.00
SUBTTL (\$) 42.70

TIP (\$) 6.00

TOTAL (\$) 48.70

SIGNATURE: [REDACTED]

FOR ONLINE TAXI BOOKING VISIT
OUR WEBSITE@WWW.ASOCIATEDCAB.CA

CUSTOMER'S COPY (2)

GST# R128599776

Edmonton Airports (7)

Can-T5J 2T2 Edmonton
Tax CodeCA5%POF 2nd Fl 18/01/14 19:49
Receipt

Short-term parking tkt

HL - No. [REDACTED]

17/01/14 15:31 -

19/01/14 15:30 -

Period 2d0h0'

(Tax) \$46.00

Total \$46.00

Payment Received \$46.00

AMEX

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

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Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

Total \$46.00

Auth: [REDACTED]

Type: Swiped