

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) | | | <u>L</u> | | |
|---------------------|---------------------------------|----------------------|---------|------|-------|-----------------|---------------|---------------|-----------------|------------------------------------|--|--------------|
| Date | Source Document | | Purpose | Airi | fare | Meals | Accommodation | ther ravel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| | Direct Billing Expense Claim | Meetings Meetings | | | 1,006 | 21 | | 283 | 1,006 304 | | | |
| Total | | | | \$ | 1,006 | \$ 21 | \$ - | \$ 283 | \$ 1,310 | \$ - | \$ - | \$ |
| Total for the Month | \$ 1,310 | | | | | a stay a second | | | | | | |

| 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



Total Albertan Satisfaction

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel
 accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes

 No

| Name: Paul Grundy | Reporting Period for the Month of: January 2014 |
|-------------------|---|
| | inspering, director the Mental of Sunday, 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:

Page:

Our Reference: Your Reference:

January 14, 2014

1/2

INVOICE

For

DR PAUL GRUNDY

Friday, January 17, 2014

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY

0 Stops:

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

M CLASS Flight: 8151

04:00 PM Equipment: DH4

04:48 PM

Mile(s) Flown: 153

Saturday, January 18, 2014

Air

AIR CANADA

From: CALGARY

AB EDMONTON INTL AB

To:

Stops: 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

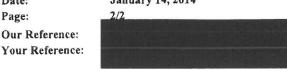
To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

January 14, 2014

Our Reference:



INVOICE

Cost:

AIR CANADA WEB

Total:

488.00 69.96 Tax: 557.96 10.00

Grand Total:

Less Credit Card Payments:

Credit / Balance Due To This Invoice:

Total Balance Due:

567.96

567.96

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 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:

Our Reference: Your Reference:

INVOICE

Cost:

AIR CANADA WEB

Total:

358.00 Tax: 69.96 Ticket Total: 427.96 10.00 **Grand Total:** 437.96 Less Credit Card Payments: 437.96 0.00

Credit / Balance Due To This Invoice: Total Balance Due: 0.00

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

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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

| SE | CTION | A: EMPLO | YEE DETAILS (| for AHS Staff O | NLY) | | | | *************************************** | | | ······ |
|---|--|---------------------------|---|--|--------------------|---------------------------|--|---------------------------------|---|---|---|--|
| | | | | | | | | | | | | |
| " you are a new employee and your payroll is E-People you will only have an Employee # (E-People) | | | | | | | | | | | | 18-Jan-14 (1 application |
| Nan | te: Dr. F | aul Grundy | | | | | Position (Title): | SVP/SrMD | | | | |
| Loc | ation: S | un Life Place | | Dept: CancerCor | itrol | DOFA Leve | it applicab | Union: | N/A | Busines | s Phone #: | kt: N/A |
| Emp | Employee # (E-People): | | | | | | | | | | | |
| SEC | SECTION E: FINANCE CODING & TOTAL CLAIM | | | | | | | | | | | |
| CAPITAL PROJECT CODING ONLY → Project Number Project Task Number Expenditure Organization Expenditure Type | | | | | | | | | | | | |
| 十 | | Tabel C- | | | 1 Jenneau | | | | Expendit | ure Type | | |
| \parallel | Bal | Total - Se | ction B: Travel - | | | Total - Se | ction C&D: Other & | Foreign Expen | ses - Pg 3 | | TOTAL REIME | BURSEMENT |
| Pg | Unit | Location | Functional Centre (FC) | Expanse Linit Location Functional Centre (FC) Secondary | | | | | | otal ense | Total Section B | \$303.93 |
| 2A | 101 | 0000 | 71110000012 | \$290.55 | | | | | | | Total Section C&D | |
| 2B | 101 | 0000 | 71110000012 | \$13.38 | | | | | | | Less Cash Advance | |
| 2C | | | | | | | | | | | | |
| 2D | | | | | | | | | | | TOTAL CLAIM | \$303.93 |
| Ш. | OTE. T | -V | | \$303.93 | | **Us | er to enter Coding & \$ A | nounts | | | | |
| _ | | | to fills from page 2 | , 2B, 2C & 2D | Ц | NOTE: T | hese fields do not autom | tically fill for Sect | ion C & D | | | |
| i attesi ti | al I heve rood | AUTHOR | Travel. Hispitality and Working Sc | March Expense - y (1707) of | Atheria Fieath Yes | needs and configuration | ses being claused are it compliance ses | | | | | |
| 3 45 COMM IN | and the same of | CONTRACT IN THE COURSE OF | is for yell of but these graphens for a helps belon included by using a cost | Silverin Headille Commerce and South | G | | by me or on my here if from Alberta Health | Services or any other Organizal | | | | |
| | | | plied in all the above statements | 1 // | | ysis is provided a | duro Travel | Hospitality and Working Si | - | | | |
| | E | Employee Si | gnature: | paul) | 10 | | | Date 2 | El 19, | 2014 | | |
| 1 wheest to | a expenses en | conseq in this cision a | re for willed business purposes for a | Uberta Health Sarvices and that | tive claim has not | been presously claimed | and being claimed are in correctionics with a by the claimant or an lineir behalf from Albe | ch policy. | Organization | 8 | | |
| f airest th | SI AXDANGAR AL | chemited in this plain. | Never bean incurred by using a ucu | is economic bottom avisarias i | onide and a apport | ng analysis in provided a | bove | | | approver d | ins form with receipts should be sent rectly to Aucounts Payable for process | philating and a second a second and a second a second and |
| | | (PRINT ONLY | | | | | DOFA Level | Position # | | | Phone # | Ext N/A |
| Signature: Title Interim Pres/CEO Pop.Hith & Prov. Srvics Date 12 2014 | | | | | | | | | | | | |
| I witted the | st i have read | end understand the "T | frams. Hospitality and Working Se | tion Expense Policy (1622)* of | Albertu Hould Ger | vices and scoling expens | on being charmons and in complete with a | h police | \ | | | |
| f pliest in | Labort the expenses enclosed in the claim are fee valed business purposes for Aborta Health Services and that the claim has not been previously claimed by the distinant or on finel behalf forc Allieste Health Services or any either Organization. I alliest that expenses notice find to the claim have been incurred by using a cost effective conflued, exhaustice and supporting analysis is provided above. | | | | | | | | | | | |
| | | (PRINT ONLY | | THE PERSON NAMED IN THE PE | THE REAL PROPERTY. | | OOFA Level | B 40 " | | | | |
| | | | plant to all the above salaments | Will William & B. Brown & B. Brow | | | YOU A LEVE! | Position # | *************************************** | *************************************** | Phone # | Ext |
| | | Signatu | re: | | | | Title | | | | Date | |
| Health. | and Person | al information of | this form is collected by a | IHS under the authority | of section 200 | of the Health tolk | rmeton Act (HIA) and sections 3 | 3/11 and 34/01 after 5 | | | | |

ins 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FQIP) Act, respectively, for the purpose of administering AHS Procure to Pay program

EXPENSE CLAIM DETAILS

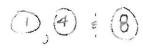
| If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC page page OR if more lines are required for the same FC use these additional pages. Enter total \$7 amount on sip, DOMT separate any taxes (eg. 6ST). Secondary(Expense codes are not required in this section as they are pre-determined by the system. SECTION E: TRAVEL EXPENSES NOTE: If exemises do not tail into these valagements such as Hospitality, Working Session, Reacoalon, Comment pf0.cution. Burnars (put of Column is REQUIRED.) Section B: TRAVEL EXPENSES Business Reason for Traval - Detailed Description Required assembly and estated effective for a service of column seas that differ in Province. Us and Ovor North America. Prov. Us. or Out of What is described to the Column of the "Cost Effective Method Used" Column is REQUIRED. If you select "You' in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page. Norther Explanation is REQUIRED in the "Rationale is Required" section on this page. What is travel where the section of the "Cost Effective Method Used" Column is REQUIRED. If you select "You' in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page. Norther Explanation is REQUIRED in the "Rationale is Required" section on this page. Norther Explanation is REQUIRED in the "Rationale is Required" section on this page. Metal Allowance OR Receipt) Metal Allowance OR Receipt of the Column is Required. "A Report of Metal above the Column is Required" section on this page. The Control of the "Column is Required" section on this page. Metal Allowance OR Receipt on the "Rationale is Required" section on this page. The column is Required. The "Receipt of Metal above the Column is Required." The Subject of Metal above the Column is Required. The Receipt of Metal above the Column is Required. The Rec | | eto di la como di como | | | | "LNOL OLD | - | LO | **** | | | | | | |
|---|---|--|----------------------------|--------------------------------------|----------------------------|---|---|---|----------------|---------------|-----------------|---------------|------------------|----------|--|
| SECTION B: TRAVEL EXPENSES NOTE if comments do not let no provide valagement with a recommendation of the comment of the comments of the comment of the comments of the comme | Enter Finance Coding | | | | | | | | | | | | | | |
| SECTION B: TRAVEL EXPENSES NOTE if comments do not let no provide valagement with a recommendation of the comment of the comments of the comment of the comments of the comme | \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are not required for the same FC use these additional pages. Enter total | | | | | | | | | | | | | | |
| Completion of the "Cest Effective Method Used" Column a REQUIRED. Date Date Government of the Cest Effective Method Used" Column a REQUIRED. Business Reason for Travel - Detailed Description September of the Cest Effective Method Used" Column a REQUIRED. Further Explanation is REQUIRED in the Patients of the Required section on this page. Cest Name of the Cest Effective Method Used" Column a REQUIRED. Further Explanation is REQUIRED in the Patients of the Required section on this page. Cest Name of the Cest Effective Method Used" Column a REQUIRED. Further Explanation is REQUIRED in the Patients of the Required section on this page. Cest Name of the Cest Effective Method Used" Column a REQUIRED. Further Explanation is REQUIRED in the Patients of the Required section on this page. Cest Name of the Cest Effective Method Used To Name of the Cest Name of the Required Section on this page. Make Miles Per Delin Method In Required Section on this page. Cest Name of the Cest Effective Method Used To Name of the Cest Name of the Required Section on this page. Cest Name of the Cest Name of the Required Section on this page. Make Miles Per Delin Method Used To Name of the Cest Name of the Required Section on this page. Cest Name of the Cest Name of the Required Section on this page. Make Miles Per Delin Method Used To Name of the Name | | | - | - | | a required in | ana accinon | as the | ty alla pra-ue | terminaa by t | ne sysiem. | | | | ,, |
| Business Reason for Travel - Detailed Description September (include destinate) - whether of press of the description of the Committee of the | Select from dro | DUDWII [COLUMN Prov.] Where expenses were surrout four of at a. | marine - tota | -49 | T | | . 110141179 000 | 31011, 110 | noomini, Commi | and constion. | Business Insura | nce go to SEC | TION C | | |
| Date (Commy) A processing of the process of the pr | Compression of the Cook Effective method used "Column is REQUIRED." | | | | | | | | | | | | | | |
| Date (Include Sequence of the Control of Con | If you select "No" in this column | | | | | | | | | | | | | | |
| Advication of part of the part | Date | Required | | What is | Cost | | | | | | | | cuon on this | page | 7 |
| A description of just "Meetings" with a required for clarification approach approach approach in the process of | dd-mmm-yy | why travel was necessary and detailed explanation of reason) | | | | 1 | | _ | | policy limi | t stated in Ap | pendix "A" | | Per Diem | |
| Committee for TRECE State Described to Tright and ACC According to the Tright and ACC ACC ACCORDING to the Tright and ACC ACC ACC ACC ACC ACC ACC ACC ACC AC | | A description of just "Meeting" will be returned for clarification | expenses | l'ulutuu (C) | Used? | | Allowance | Neul | I | | | T | Parking / | | |
| Committee for 100C Executaments AB Remut Yes 10-Jan-14 Secretary flower according for Jan-15 Committee of tay and 10 Jan-14 Secretary making final and 10 Jan-14 Secretary Jan-15 S | 10-Jan-14 | Committee for TBCC Exec Director all day Friday and PAC meetings. | AB | Recruit | Yes | | | | | | | | | | - 26,50 C |
| Second S | 10-Jan-14 | Cell: fare to have from Cell. Airport to Fnotivil Medical Centre for S&S Committee for TBCC Exec. Director | AB | Recruit | Yes | | | | | *** | | \$46.70 | 2) | | |
| 11-Jan-14 Means from Lecurion Argorit to horse AB Recruit Yes 17-Jan-14 Contract Flow to Cegary to where the Allow Concert Foundation Board Meeting and 17- (centred) and alloy Jan 18th AB Meeting Yes 17-Jan-14 Contract Flow to Cegary to where the Allow Concert Foundation Board Meeting and 17- (centred) and alloy Jan 18th AB Meeting Yes 17-Jan-14 Education Argorit to horse SUBTOTALS SUB | 10-Jan-14 | had Provincial Advisory missting Evi Jan 10 (evening) and all day | AB | Recruit | Yes | BL-\$20.80 | 520.80 | | | | | | | | |
| Cereman Fine to Cagary to order the After Concern Foundation Sound Versing Jan 17th (evening) and all day Jan 18th. AB Meeting Yes 17th Jan-14 Cereman Fine to Cagary to order the After Concern Foundation Sound Versing Jan 17th (evening) and all day Jan 18th. AB Meeting Yes 17th Jan-14 Education After Day In 17th (evening) and all day Jan 18th. AB Meeting Yes SUBTOTALS SUBTOTAL Fine Interest Subtotal Subtot | 11-Jan-14 | Edition Airport parking deposits, car left livin day (Jan 10 and 11, 2014) | AB | Recruit | Yes | | - | | | | | | \$46.00 | 3) | |
| Beard Meeting Jan 17th (evering) and all say Jan 18th AB Meeting Yes 17. Jan-14 Get to fit car resid Flow in Calegory to whend his Alber Carrier From Carrier South Meeting Jan 17th (evering) and all day Jan 18th AB Meeting Yes SUBTOTALS | 11-Jan-14 | Missings from Edition for Amport to home | AB | Recruit | Yes | | *************************************** | | | | | | | | ₩ _{26,50} (4 |
| Foundance Board Model on 17th (searning) and all day Jen 18th AB Meeting Yes 520.56 SUBTOTALS SUB | 17-Jan-14 | Carrental Flew to Calgary to entand the Alban, Carrose Foundation Board Meeting Jan 17th (evening) and all day Jan 18th | AB | Meeting | Yes | | | | | | | | ► \$81 72 | 5) | |
| SUBTOTALS | 17-Jan-14 | Gwi le fill car renial. Flow to Celgary to effend the Albur, Canner Foundation Board Meeting Jan 17th (evening) and all day. Jen 18th | AB | Meeling | Yes | | | | | | | | \$20.56 | 9 | *************************************** |
| 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 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) | 18-Jan-14 | Edinontian Airport parking expenses car left two day (Jan 17 and 18, 2014). | AB | Meeting | Yes | | | | | | ****** | | \$4 0 00 | J | MIRANIA AND AND AND AND AND AND AND AND AND AN |
| 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 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) | | SUBTOTALS | | | | | 620 an | \dashv | | | | | | | Total Kms |
| Rates applicable \$0.505 per km for <u>under 5.000km/vr</u> or \$0.47 per km for <u>over 5.000km/vr</u> or <u>per Union Agreement</u> 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) | | | | | | | 320.8U | | | | | \$48.70 | \$194.28 | ľ | |
| 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) | | MILEAGE - Business Kilomet | ra Rate for | Personally- | Owned Ve | hicle | | | | Enter \$ | 0.505 km, \$0.4 | | | | \$0.505 |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 Auto fills on page 1 - TOTAL TRAVEL \$ \$290.55 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) | | Rates applicable \$0.505 per km for under 5,000km/y | e included ger \$0.47 p | above under er km for <u>ov</u> i | the purpose or 5,000km, | e of travet colu <u>vr or per Unio</u> | mn Agreement | | | | | (see N | deaga details | | |
| Auto fills on page 1 - TOTAL TRAVEL \$ \$290.55 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) | | | | | | | | *************************************** | | | | | | | \$26.77 |
| 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) | Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | | | | | | | | | \$263.78 | | | | | |
| Any analysis supporting the method to assess cost effectiveness should be attached to the claim form) | Auto fills on page 1 - TOTAL TRAVEL \$ \$290.55 | | | | | | | | | \$290.55 | | | | | |
| | Rationale is Required for expenses that are not Cost Effective | | | | | | | | | | | | | | |
| | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | ectiveire. | 33 3110010 | De attac | ned to the c | aaim torm | 1 | | | | | | | 11 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

EXPENSE CLAIM DETAILS

| | nter Finance Coding 101 6060 | 7111000 | 00012 | - | Emp # (E- | Pronle) | | San La | | | 646 | | | |
|-----------------|---|---|---|---------------------|---|-------------------|--------------|------------------|---|-------------------------------|-------------------------------|--------------------------------|--------------------------|---|
| If expense | s incurred are for multiple FC's please use pages 21 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se | B, 2C, 2D (| after pg3) a | s there sh | 00000000 | | e OR | f more line: | s are require | d far the eam | o EC una th | | . F | age 2B |
| SECTION | | | | | | | | | | | | | ial pages. | Enter total |
| Select from dro | oodown (column Prox) where aware a see | ies do not la | all into these c | ategories su | ch as Hospitality | , Working Sec | sion, Re | location, Contin | uing Education, | Business Insura | ince ga to SEC | TION C | | |
| Ensure separa | te mes are used for claim terms that differ in Province, US and Out | of North Ame | erka | | - | | | If you | Effective Me u select "No" | in this colum | nn | | | *************************************** |
| Date | Business Reason for Travel - Detailed Description Required | or Out of | What is | Cost | Meal | (Allowance | OPP | on is REQUI | RED in the "F | Rationale is Reing claimed in | equired" ser | ction on this | page | * |
| dd-mmm-yy | (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) | N.Amer | travel | Effective Method | Meal All | | - | with Rocelpt | policy limi | t stated in Ap | "A" xibneq | Rental Carl | 1 | |
| | A description of just "Meeting" will be returned for clarification | where expenses incurred? | related to 7 | Used? Y/N | Meel Type with | Allowance | Meni Type | with receipt | Airfare | onale is requi | Taxi | Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) |
| 18~Jan-14 | Minage from Editionium Ampart to home | AB | Meeting | Yes | | | | | , | | | | | V26.50 (8) |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | - | | | | | | | | |
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| | | | | | | | - | | | | | | | |
| | | | | | | | - | | | | | | | |
| | | | | | | | | | | | | | | |
| | SUBTOTALS | | | | | | | | | | | | | Total Kms |
| | MILEAGE - Business Kilometr | | | | | | | | | | | | | 26.50 |
| | details of travel location to & from must be Rates applicable \$0.505 per km for under 5.000km/yr | e included a | ahous under | the numare | m mf tenuent multi- | mn n Agreement | | | Enter \$0 |).505 km, \$0.4 | 7 km <u>OR</u> rate (see M | s per Union A Neage details | greement to the left) | \$0.505 |
| Not | | *************************************** | | | | | - unioniums | == | <u> </u> | | | | Mileage \$ | \$13.38 |
| NOR | e: Total will auto fill into pg 1, Section E, if form compl | eted elect | ronically - A | dditional | pg 2's can be | found afte | r Page | 3 | | Auto | fills on page | 11 - TOTAL | \$ Subtotal | \$13.38 |
| Rationale | is Required for expenses that are not Cost Eff | ective | *************************************** | | | | | | | | - page | TOTAL | TRAVEL \$ | \$13.38 |
| (Any analy | sis supporting the method to assess cost effe | ctivenes | ss should | be attacl | hed to the c | laim form | 1 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | *************************************** | | | - Constitution | | | | | | |
| | | | | | - 2B of 3 - | | | | | | | | | |



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



| P | | | |
|----|-------------|--|-----------------------------|
| | | Head east on 73 Ave NW toward 116 St NW | go 220 m |
| + | 2 | Take the 1st left onto 115 St NW About 1 min | go 300 m total 550 m |
| L) | 3 | Turn right onto 76 Ave NW About 54 secs | go 190 m total 750 m |
| L) | 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 lotal 2.3 km |
| | 6 | Continue onto 61 Ave NW E About 2 mins | go 1.6 km |
| P | 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 |
| 7 | 10. | Take exit 522 toward Edmonton/Nisku/Business Park/10th Avenue | go 700 m total 25.8 km |
| r | 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 |
| B | Edm 1000 | onton International Airport Airport Rd, Edmonton International Airport, Alberta T9E 0V3 | total 20:0 KM |

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

Unp data 62014 Goode

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

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\$46.00

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TOTAL \$)

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Edmonton Airports

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