

Board and Executive Expense Report

Name Barbara Pitts
Title SVP, Priorities & Performance
Location Edmonton
 Expenses submitted during the month of November 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October/ November 2012	Expense Claim	Various meetings/conference		9	577	203	789			
October/ November 2012	Direct Bill	Various meetings	569			45	614			
Total			\$ 569	\$ 9	\$ 577	\$ 248	\$ 1,403	\$ -	\$ -	\$ -

Total for the Month \$ 1,403

Maximum meal expense claimed in the month \$ 9
 Maximum hotel rate claimed in the month \$ 145
 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



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: 29-Oct-12 To 23-Nov-12
 Travel Period from: 29-Oct-12 To 23-Nov-12 (if applicable)
 Out-of-Province Travel Yes

Name: Barbara Pitts Position (Title): Senior Vice President
 Location: Seventh Street Plaza Dept: Priorities & Performance DOFA Level: 3b (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People): Employee # (REQUIRED # prior to E-People migration):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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		
2A	101	0005	71110000005	\$788.06						Total Section B	\$788.06
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$788.06
				\$788.06	**User to enter Coding & \$ amounts						

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 NOTE: These fields do not automatically fill for Section C&D

SECTION F: AUTHORIZATION

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Debbie Fomal Phone # Ext

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Barbara M. Pitts Date: 2012-NOV-26

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level 2b Position # Phone # Ext
 Signature: Deborah Rhodes Title SVP Finance & Acting CFO Date

Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext
 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 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

OK-PH.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0005 • 71110000005 Emp # (E-People) Emp # (prior to 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 menu (column Province) where expenses were incurred (Out of N.America = Inter'l).
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum ~length of shaded area	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
30-Oct-12	Hotel stay for AHS Executive Strategy Meeting (Red Deer)		Meeting				\$108.90 ✓					
31-Oct-12	Dinner while in Calgary for Department meetings		Meeting	D	\$9.44 ✓							
31-Oct-12	Taxi from Red Arrow Terminal (Calgary) to Hotel		Meeting						\$23.00 ✓			
31-Oct-12	Hotel accomodations while in Calgary for Dept meetings		Meeting				\$297.57 ✓					
2-Nov-12	Taxi from Southport Tower (Calgary) to Calgary Airport		Meeting						\$59.90 ✓			
14-Nov-12	Vancouver Transit Sytem (Airport to Hotel)		Conf				\$8.75 ✓					
14-Nov-12	Taxi from SSP (Edmonton) to YEG		Conf						\$57.00 ✓			
14-Nov-12	Hotel accomodations while at Conference in Vancouver		Conf				\$169.50 ✓					
15-Nov-12	Taxi from Hotel to Vancouver Airport (Conference)		Conf						\$54.00 ✓			
SUBTOTALS					\$9.44		\$8.75	\$575.97		\$193.90		Total Kms

MEAL PER DIEM RATES B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	
Mileage \$	
Travel \$ Subtotal	\$788.06
Enter on page 1 TOTAL TRAVEL \$	\$788.06

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 \$0.505 per km for under 5,000km/yr
 \$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 2s can be found at end of form

Date 10/31/12
Time 06:03
Page 1

RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 578
Rate Code PG
Group
Room Type TNK
Room Rate 99.00

PITTS, BARBARA
WWW-152350183

Arrive OCT 30 12 16:31
Depart OCT 31 12

MARLIN, TRAVEL
9929 - 108TH ST
EDMONTON AB T5K1G8

Payment VI [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	VISA	THANK YOU			108.90
=====G.S.T.=subtotal:		4.95			
TOURIS subtotal:		3.96	Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: _____

RED DEER LODGE
4311 - 49TH AVENUE
RED DEER, AB T4N5Y7
403-346-8841

MERCHANT ID: 17502760085 TERM ID: 019

FORCE SALE

[REDACTED]
VISA ENTRY METHOD: CHIP
10/31/12 07:04:14
INV #: 000003 APPR CODE: 415374
BATCH #: 000071
REF #: 003

AMOUNT \$108.90

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: SCOTIABANK VISA
AID: A0000000031010

*hotel accommodations (1 night)
for AHS mtgs
strategy
cow*

Dinner while in Calgary
for department mtg

Swiss Chalet
8900 Macleod Trail SE
Calgary, AB, T2H 0M4
100803717RT1001

7 take out

Chk 9700 Oct31'12 08:09PM Gst 1

Takeout

1 1/4 CHICKEN	8.99
DARK MEAT	
+ BAKED POTATO	
CHIVE SRCRM&BUTR	
WHITE ROLL	
Cash CDN	20.00
Subtotal	8.99
GST	0.45
Payment	9.44
Change Due	10.56

-----7 Check Closed 08:11PM-----

Tell Us How We Did Today to get
A FREE Soup, Salad or Perogies
with the purchase of an entree.
Complete our Guest survey at:
www.swisschaletfeedback.com
or call 1-866-239-3842
Access Code: 115523
One per table; must show this
receipt and survey validation
code; cannot combine with other
offers; expiry in 21 days; valid
only at participating locations.

Taxi from Red Arrow
Terminal to hotel/Calgary

307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2012/10/31
PICK-UP TIME: 19:04
DROP-OFF TIME: 19:19
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0467
CARD TYPE: VISA S
CARD: [REDACTED]
EXPIRY: **/**
AUTH: AP473590

FARE (\$): 23.00
EXTRA (\$): 0.00
SUBTTL (\$): 23.00

TIP (\$): _____

TOTAL (\$) : _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Cab from Southport/
Calgary to Calgary Airport
= TRANSACTION RECEIPT ✓

Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

ACCT TYPE: CREDIT CARD
CARD NUMBER: [REDACTED]

CARD TYPE: VISA
DATE/TIME:
12/11/02 16:45:23
AUTH#: 417329

VEH/DRV: 1341 / 2663
GST#: 139613525
TXN ID: 7470334

FARE: \$ 52.29
FLAT: \$000.00
EXTRAS: \$000.00
GST: \$ 2.61

FA+FL+EX+TAX: \$ 54.90
TIP: \$ 5.00
DISCOUNT: \$000.00

TOTAL: \$ 59.90

SIGNATURE: _____

Priority Performance
department mtg



Carriage House Inn

9030 Macleod Trail S., Calgary, Alberta, Canada T2H 0M4 Phone: (403) 253-1101 Fax: (403) 259-2414 Toll Free: 1-800-661-9566 www.carriagehouse.net

Guest: Barbara Pitts

Room #: 759

Folio #: [REDACTED]

Group #:

Guests: 1

Clerk: [REDACTED]

CL #:

Arrive: 10/31/12

Time: 07:34 PM

Depart: 11/02/12

Time: 07:32 AM

Status: HIST

Date	Description	Reference	Comment	Charges	Credits
10/31/2012	ROOM CHARGE	759		\$134.10	\$0.00
10/31/2012	ALBERTA MARKETING I	759t	ALBERTA MARKETING LEVY	\$5.36	\$0.00
10/31/2012	ROOMS GST TAX	759t	ROOMS GST TAX	\$6.70	\$0.00
11/01/2012	BOTTLED WATER	110122970031		\$1.75	\$0.00
11/01/2012	ROOM CHARGE	759		\$134.10	\$0.00
11/01/2012	ALBERTA MARKETING I	759t	ALBERTA MARKETING LEVY	\$5.36	\$0.00
11/01/2012	ROOMS GST TAX	759t	ROOMS GST TAX	\$6.70	\$0.00
11/02/2012	BOTTLED WATER	110222970031		\$3.50	\$0.00
11/02/2012	PAY VISA	Ck Out 07:32 [REDACTED] 474942		\$0.00	(\$297.57)

Folio Balance: \$0.00

Signature: _____

accommodations x 2 nights
Oct 31 & Nov 1
while in Calgary for
department mtg

"We Take Great Care of You"

2% Per month is added to outstanding balance on overdue accounts.

Regardless of charge instructions, the undersigned guest acknowledges any charges incurred are a personal indebtedness. All accounts are due when rendered.

G.S.T. # R119507069



AIRPORT

Adult 2 ZONE \$ 8.75

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER

WE. NO. 14 04:30P

Vancouver transport from airport to hotel.



taxi from SSP to Airport for conf
24-7 TAXI
10577 109 ST #201
EDMONTON, AB, T5H3B1
MID: 87112250014
GST#: 0000000000000000

TID: 032
Operator#: 71264

SALE

Visa Exp: [Redacted] CHIP

11/14/2012 13:07:50 Inv#: 1039
Record#: 440001 Batch#: 310002
Retrieval#:

A0000000031010 SCOTIABANK VISA
TVR 0000000000 TSI E000

Amount: \$51.00
Tip: \$6.00
Total: \$57.00

Auth Code: E25274
APPROVED

Customer

taxi from Airport conf
24-7 TAXI
10577 109 ST #201
EDMONTON, AB, T5H3B1
MID: 87112250014
GST#: 0000000000000000

TID: 032
Operator#: 71264

SALE

Visa Exp: [Redacted] CHIP

11/15/2012 21:02:51 Inv#: 1046
Record#: 450005 Batch#: 320001
Retrieval#:

A0000000031010 SCOTIABANK VISA
TVR 0000000000 TSI E000

Amount: \$48.00
Tip: \$6.00
Total: \$54.00

Auth Code: E12583
APPROVED

Customer copy

travel to/from airports for conference



PAN PACIFIC
VANCOUVER

Ms Barbara Pitts

Canada

Room Number : 1123
Arrival Date : 14-NOV-2012
Departure Date : 15-NOV-2012

INVOICE

Page No. : 1 of 1
Folio No. :
Conf No. : 10777909
Invoice No. :
Cashier No. : 28
Membership No. :

Group Code : CREF1112
Company Name : Conference Board of Canada

Date	Description	Reference	Charges	Credits
11-14-12	Local Call	15:54 Dialed# 877-385-4099 [00:04:00]	1.68	
11-14-12	Room rate		145.00	
11-14-12	DMF Fee 1.31%		1.90	
11-14-12	AHRT Tax 2%		2.94	
11-14-12	HST Tax 12%		17.98	
11-15-12	Visa Card			169.50
Total			169.50	169.50

HST Tax Summary:	86324 7854
Room HST:	17.98
F&B HST:	0.00
Other HST:	0.18
Total HST:	18.16

Balance Due CAD \$ 0.00

I agree that I am personally liable for the following statement and if the person, company or association indicated by me as responsible for payment of the same does not do so, that my liability for such payments shall be joint and several with such person, company or association..

Guest Signature

I might hotel accomodations
for stay in Vancouver for conference

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: VANCOUVER
Name: BARBARA PITTS		Employee #: [REDACTED]	Report To: CHRIS EAGLE
Department:		Office Location: SSP-NT	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0005	7111000005	69600000
Dates: From (day/month) 14 (year) 2012 to (day/month) 15 (year) 2012			
Purpose of Trip: CONFERENCE			
Employee Signature: Barbara M. Pitts			Date: 2012-NOV-6
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) CHRIS EAGLE		Title: PRESIDENT & CEO	Phone #: [REDACTED]
Signature: [Signature]		Date: 2012-NOV-7	
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

B. ESTIMATE OF EXPENSES <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 1 Nights at \$ 145.00	145.00
2. Meals	1 LUNCH @ \$12 + 1 DINNER @ 21	33.00
3. Registration		
4. Airfare or Other Travel Costs	FLIGHT (ROUND TRIP)	500.00
5. Other Expenses (please specify)	TAXI (ROUND TRIP) EDMONTON	80.00
	TAXI (ROUND TRIP) VANCOUVER	60.00
Total Estimated Travel Costs		\$ 818.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

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: Barbara Pitts

Reporting Period for the Month of: October/November 2012

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-10-31	Direct Billing	Transportation	travel to Red Deer for AHS mtg	Red Arrow/Marlin Travel	\$45.00
2012-11-14	Direct Billing	Transportation	flight to Vancouver/ conference	Air Canada/Marlin Travel	\$284.48
2012-11-15	Direct Billing	Transportation	flight to Edmonton/Conference	Air Canada/Marlin Travel	\$284.48
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$613.96

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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000005
LOCATOR : KQKQ76
OUR REF : ZCH0091885C
AGENT : ASHLEY QUACH

I N V O I C E
*** D U P L I C A T E ***

INV NO: 83906
DATE: 24OCT12
PAGE: 1

FOR: MS BARBARA PITTS
AC [REDACTED]
101000571110000005

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM TO CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS

[REDACTED]

EDMONTON RED DEER HARBOUR AI 001 Y GK 30OCT 8:00A 9:45A
RED ARROW CONFIRMATION 953774
EDMONTON DOWNTOWN TO RED DEER
SEAT 2A

RED DEER CALGARY HARBOUR AI 001 Y GK 31OCT 5:00P 7:05P
RED ARROW CONFIRMATION 953796
RED DEER TO CALGARY DOWNTOWN
SEAT 2A

[REDACTED]

*** HOTEL RESERVATION ***

RED DEER TRAVELINK 1 STANDARD ONE K CONFIRMATION NO: 152350183
FROM 30OCT 12:00A TO 31OCT 12:00A RATE 99.00 PER DAY
RED DEER LODGE
4311-49 AVENUE, RED DEER
AB, CA
T4N5Y7
PHONE 4033468841 FAX 4033413220

GUARANTEED

CONTINUED ON NEXT PAGE

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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000005
LOCATOR : KQKQ76
OUR REF : ZCH0091885C
AGENT : ASHLEY QUACH

I N V O I C E
*** D U P L I C A T E ***

INV NO: 83906
DATE: 24OCT12
PAGE: 2

- - - - - I T I N E R A R Y - - - - -

*** HOTEL RESERVATION ***

CALGARY TRAVELINK 1 DELUXE TWO QUE CONFIRMATION NO: 152349934
FROM 31OCT 12:00A TO 02NOV 12:00A RATE 134.10 PER DAY
CARRIAGE HOUSE INN
9030 MACLEOD TRAIL SOUTH, CALGARY
AB, CA
T2H 0M4
PHONE 4032531101 FAX 4032592414
GUARANTEED

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01JUL13 AT 12:00A
TO EDMONTON INTL RET01JUL13 AT 12:00A
1 PACKAGE TOUR
RED ARROW CONFIRMATION YEAYQF 953774
RED ARROW CONFIRMATION YQFYFC 953796

- - - - - C O S T - - - - -

RED ARROW M	TKT NO	RA7	953796	45.00
				
RED ARROW M	TKT NO	RA7	953796	45.00

*** S 
*** T 
PAYMENT BY CA  TKT 953796 45.00


PAYMENT BY CA  TKT 953796 45.00

CONTINUED ON NEXT PAGE

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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000005
LOCATOR : KQKQ76
OUR REF : ZCH0091885C
AGENT : ASHLEY QUACH

I N V O I C E
*** D U P L I C A T E ***

INV NO: 83906
DATE: 24OCT12
PAGE: 3

*** BALANCE DUE THIS INVOICE ****
BALANCE DUE TO DATE

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.
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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000005
LOCATOR : TW9GLY
OUR REF : ZCH0092422C
AGENT : ASHLEY QUACH

I N V O I C E
*** D U P L I C A T E ***

INV NO: 84352
DATE: 02NOV12
PAGE: 1

FOR: MS BARBARA PITTS
AC [REDACTED]
101000571110000005

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	VANCOUVER	AIR CANADA	247 S	HK	14NOV	2:15P	2:53P		
		E90							
		SEAT	15D						
VANCOUVER	EDMONTON INTL	AIR CANADA	246 V	HK	15NOV	5:50P	8:15P		
		E90							
		SEAT	13C						

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01JUL13 AT 12:00A
TO EDMONTON INTL RET01JUL13 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

C O S T

AIR CANADA	TKT NO	AC	2523 769406	(INCL 59.96 TAX)	568.96
BSP TASF	TKT NO	954 0004 920816			10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT

578.96

*** TOTAL CHARGES THIS INVOICE ***

PAYMENT BY [REDACTED] TKT 2523769406 578.96

PAYMENT BY [REDACTED] TKT 0004920816 568.96

*** BALANCE DUE THIS INVOICE **** 10.00

BALANCE DUE TO DATE 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.....

CONTINUED ON NEXT PAGE

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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000005
LOCATOR : TW9GLY
OUR REF : ZCH0092422C
AGENT : ASHLEY QUACH

I N V O I C E
*** D U P L I C A T E ***

INV NO: 84352
DATE: 02NOV12
PAGE: 2

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.