

Board and Executive Expense Report

Name Brenda Huband
Title SVP, Calgary Zone
Location Calgary
 Expenses submitted during the month of December 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)
December 2012	P-Card	Travel - Various meetings			\$ 153	\$ 171	\$ 324			
December 2012	P-Card	Calgary Zone Workforce Planning					-		1,088	
December 2012	Expense claim	Various meetings				533	533			
December 2012	Expense claim	Membership Dues						460		
Total			\$ -	\$ -	\$ 153	\$ 704	\$ 857	\$ 460	\$ 1,088	\$ -

Total for the Month \$ 2,405

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 139
 Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

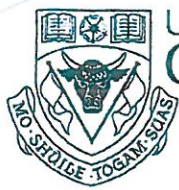
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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

Instruction:			
<ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below 			
<u>HUBAND, BRENDA</u>	<u>SENIOR VP</u>	<u>Billing Reporting Period:</u>	<u>20/12/2012</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>	<u>Total Statement Amount:</u>	_____
<u>METROPOLITAN HOSPITALS</u>	<u>SOUTHPORT</u>	<u>Last 6 digits of the P-Card #:</u>	<u> </u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>BRENDA.HUBAND@ALBERTAHEALTHSERVICES.CA</u>	<u>Cardholder's e-mail address</u>		

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/11/2012	301877448	U OF C CONF & SPEC EVE, COLLEGES, UNIVERSITIES, PROFESSIONAL	766.74	CAD	766.74	36.51		CZ Workforce Planning <i>event Sept 12</i>
23/11/2012	301877449	U OF C CONF & SPEC EVE, COLLEGES, UNIVERSITIES, PROFESSIONAL	321.24	CAD	321.24	15.30		CZ Workforce Planning <i>event Sept 12</i>
27/11/2012	302471263	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	55.20	CAD	55.20	2.63		Taxi Prov Ed Pt Flow
28/11/2012	302471262	THE WESTIN EDMONTON, WESTIN HOTELS	153.03	CAD	153.03	14.03	.00	Hotel-Prov ED Pt Flow Conf
29/11/2012	302471260	YELLOW CAB, LIMOUSINES AND TAXICABS	59.11	CAD	59.11	2.81		Taxi-Prov ED Pt Flow Conf
29/11/2012	302471261	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	50.40	CAD	50.40	2.40	.00	Parking Prov ED Pt Flow Conf
10/12/2012	303409677	PRECISE PARKLINK INC. AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	.33		Cambrian Tour - Chris M.

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO details 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. 		
<u>Kerry Pace</u> Name of Cardholder Designate	<u>Exec Admin</u> Cardholder Designate Position/Title	
<u>Kerry Pace</u> Signature of Cardholder Designate	<u>Dec 18/12</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
<u>HUBAND, BRENDA</u> Name of Cardholder	<u>SENIOR VP</u> Cardholder Position/Title	
<u>Brenda Huband</u> Signature of Cardholder	<u>DEC 18 2012</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
<u>Kristina Russell</u> Name of Approver Designate	<u>Exec. Admin Coordinator</u> Approver Designate Position/Title	
<u>K Russell</u> Signature of Approver Designate	<u>Dec 20 2012</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
<u>Chris Mazurkewich</u> Name of Approver	<u>EVP: COO</u> Approver Position/Title	
<u>Chris Mazurkewich</u> Signature of Approver	<u>Dec 20/12</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



UNIVERSITY OF
CALGARY

**Special
Events
Invoice**

2500 University Drive NW, Calgary, AB, T2N 1N4
Phone (403) 210-7678 Fax (403) 220-6760

Invoice Number:	SE0112041
Invoice Date:	11/26/2012 01:42:43
Event ID:	112041
Event Date:	09/12/2012 12:00:00
Account Number:	12-2000-000-98001
Terms:	

Bill To: Alberta Health Services
Kerri Pace
10301 Southport Lane SW
[REDACTED]
Calgary, AB T2W 1S7
Billing Phone: [REDACTED]

Event: AHS Coffee/ Muffins
Guests: 160
Salesperson: Kim Whitmore
Event Location: DC - Alberta Room
124 University Gate, NW
Calgary, AB T2M 4S7
Event Time: 7:00 AM to 9:00 AM

Revenue Category	Item	Serves/Quantity	Portion/Pack	Selling Price	Price
Menu					
	MUFFINS FULL SIZE - 2011	11.00	1.00 EACH	24.99	274.89
	MISC - FOOD/BEVERAGE	3.00	1.00 EACH	37.50	112.50
	VAN HOUTTE COFFEE 100 CUPS 2011	1.00	1.00 EACH	174.99	174.99
	VAN HOUTTE COFFEE 10 CUPS 2011	4.00	1.00 EACH	17.49	69.96
	VAN HOUTTE DECAF 10 CUPS 2011	1.00	1.00 EACH	17.49	17.49
	ASSORTED INTERNATIONAL TEAS 2011	10.00	1.00 EACH	1.69	16.90
Menu Subtotal:					666.73
Invoice Total:					666.73
Gratuities					
	Gratuity				100.01
Gratuities Subtotal:					100.01
Payments					
	Payment - Thank You!				-766.74
Payments Subtotal:					-766.74
Balance Due:					0.00

U OF C CONF SPEC EVENT
169 UNIVERSITY GATE N.W.
CALGARY AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2012/11/23
TIME 09:59 10:53:54
RECEIPT NUMBER
M30683699-001-213-024-0

PURCHASE
TOTAL

\$766.74

APPROVED

AUTH# 125385
THANK YOU

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Kim Whitmore
Whitmore
Kim



UNIVERSITY OF
CALGARY

**Special
Events
Invoice**

Invoice Number:	SE0112042
Invoice Date:	11/26/2012 01:41:20
Event ID:	112042
Event Date:	09/12/2012 12:00:00
Account Number:	12-2000-000-98001
Terms:	

2500 University Drive NW, Calgary, AB, T2N 1N4
Phone (403) 210-7678 Fax (403) 220-6760

Bill To: Alberta Health Services
Kerri Pace
10301 Southport Lane SW
[Redacted]
Calgary, AB T2W 1S7
Billing Phone: [Redacted]

Event: AHS Coffee Break
Guests: 160
Salesperson: Kim Whitmore
Event Location: DC - Alberta Room
124 University Gate, NW
Calgary, AB T2M 4S7
Event Time: 9:00 AM to 12:00 PM

Revenue Category	Item	Serves/Quantity	Portion/Pack	Selling Price	Price
Menu					
	VAN HOUTTE COFFEE 100 CUPS 2011	1.00	1.00 EACH	174.99	174.99
	VAN HOUTTE COFFEE 10 CUPS 2011	4.00	1.00 EACH	17.49	69.96
	VAN HOUTTE DECAF 10 CUPS 2011	1.00	1.00 EACH	17.49	17.49
	ASSORTED INTERNATIONAL TEAS 2011	10.00	1.00 EACH	1.69	16.90
Menu Subtotal:					279.34
Invoice Total:					279.34
Gratuities					
	Gratuity				41.90
Gratuities Subtotal:					41.90
Payments					
	Payment - Thank You!				-321.24
Payments Subtotal:					-321.24
Balance Due:					0.00

Kim Whitmore
11/26/2012

UNIVERSITY OF CALGARY
169 UNIVERSITY GATE N.W.
CALGARY AB

CARD [Redacted]
CARD TYPE MASTERCARD
DATE 2012/11/23
TIME 09:57 10:56:30
RECEIPT NUMBER
M30683699-001-213-025-0

PURCHASE TOTAL
\$321.24

APPROVED
AUTH# 125630 01-027
THANK YOU

CARDHOLDER COPY
IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Pro-Est Ft Flow

AIRPORT TAXI SERVICE43
4600-101-ST T6E5G9
EDMONTON AB
22296467

|||| PURCHASE ||||

11-27-2012 22:52:21
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: BRENDA HUBAND
A0000000041010 MasterCard

Trace # 270004 Operator 432
FV2229646701

Inv # 87
Auth # 005221 RRR 001027004

Purchase	\$48.00
Tip	\$7.20
Total	\$55.20

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

GST 898548326_RT0001

780-890-7070

*Notes
Pls. call back for
improvement of*

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Brenda Huband



Page Number : 1
Guest Number: [REDACTED]
Folio ID : A
No. Of Guest: 1
Room Number : 1411
Room Rate : 139.00
Club Account: [REDACTED]

Invoice Nbr: 1000092504
Arrive Date: 27-NOV-12 16:51
Depart Date: 28-NOV-12 06:31

Email: BRENDA.HUBAND@ABERTASERVI
CES.CA

Copy Invoice

Tax ID: 861336493RT0005
The Westin Edmonton 29-NOV-12 11:21 BRUAWAR

Date	Reference	Description	Charges	Credits
27-NOV-12	RT1411	Room Charge	139.00	
27-NOV-12	RT1411	GST	7.02	
27-NOV-12	RT1411	DMF	1.39	
27-NOV-12	RT1411	Tourism Levy	5.62	
28-NOV-12	MC	Mastercard		-153.03
		** Total	153.03	-153.03
		*** Balance	0.00	



Continued on the next page

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 4502412478224
Item #: 0694
MasterCard
PURCHASE
Card #: [REDACTED]

AID: 60000000041010

APPROVED

AMOUNT	CAD\$51.40
TIP	CAD\$7.71
TOTAL	CAD\$59.11

Ref. #: C
Auth. #: 062611
Resp. Code: 00
CUR: 4000000000
TSI: E800

*Prov. EDPT.
flow card*

BOOK ON LINE AT EDIMAX1.COM
THANK YOU FOR BEING OUR GUEST

651 100403070

Date: 2012/11/29 Time: 04:26:10
Response: AUTH 062611

CUSTOMER COPY

*Enking P. row ED PT
Flow*

The Calgary Airport Authority
GST No R122556194

Transaction Id: F1021211020145
Transaction Date: 29/11/2012 06:55
Ticket No: 9999999

Transient Parker	\$ 50.40
Total	\$ 50.40
Discount	\$ 0.00
Balance Due:	\$ 50.40
GST	\$ 2.40
Credit Card	\$ 50.40
Change	\$ 0.00

■
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
12/12/12 12:20

AMOUNT PAID
\$ 7.00 96670000 10:47 LOT3030



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

NON TRANSFERABLE 80570275

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
12/12/12 10:47 7.00

CREDIT CARD NUMBER

CC



RECEIPT 80570275

Dec 12

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: 13-Oct-12 to 19-Dec-12

- 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)

Name Brenda Huband	Position (Title) SVP - Calgary Zone	Employee # (E-People) [REDACTED]	Employee # (Legacy)
Location SPTT [REDACTED]	Dept Calgary Zone	Union	Business Phone # [REDACTED] Ext Out-of-Province Travel
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu Calgary Health	

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization 101 . 0767 . 71205000206	Expenditure Type 62310000

Total - Section B - Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0767	71205000206	\$304.39
2B				\$212.51
2C				\$15.66
2D				
				\$532.55

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0767	71205000206	69500000	460.00
				\$460.00

TOTAL REIMBURSEMENT	
Total Section B	\$532.55
Total Section C&D	\$460.00
Less Cash Advance	
TOTAL CLAIM	\$992.55

**User to enter Coding & \$ amounts
 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) Kerry Pace Phone # [REDACTED] Ext [REDACTED]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *Brenda Huband* Date 19-Dec-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Chris Mazurkewich DOFA Level 2a Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

Signature *Chris Mazurkewich* Title EVP & COO Date *19-Dec-12*

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____

Signature _____ Title _____ Date _____

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 • 0767 • 71205000206

Emp # (E-People)

Emp # (Legacy)

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 relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) 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.

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						
13-Oct-12	Residence to Airport & return-HAC Mtg Edm-Saturday	AB	Meeting									52.00
16-Oct-12	SPTT to Holiday Inn-MLE Session & return	AB	Meeting									22.00
17-Oct-12	SPTT to Walden Hts-Srs Community Event - 1 way	AB	Meeting									18.00
17-Oct-12	Walden Hts to FMC - 1 way - Leaders Brfng Mtg	AB	Meeting									15.00
17-Oct-12	FMC to SPTT - 1 way	AB	Meeting									15.00
18-Oct-12	SPTT to Canmore - Foundation Board Mtg - & return	AB	Meeting									226.00
22-Oct-12	SPTT to FMC - 1 WAY - CZ Leadership Mtg	AB	Meeting									15.00
23-Oct-12	SPTT to Airport - SCN Mtg Edm & return	AB	Meeting									52.00
29-Oct-12	SPTT to FMC - CZLT - 1 way	AB	Meeting									15.00
30-Oct-12	SPTT to SHC - Mtg with Unit Managers - & return	AB	Meeting									24.00
1-Nov-12	Valleyridge - Hyatt Regency - CHT Event - 1 way	AB	Meeting									18.00
2-Nov-12	UofC to SPTT - 1 way - Med Affairs Retreat	AB	Meeting									15.00
2-Nov-12	SPTT to PLC - L&D Workshop - & return	AB	Meeting									38.00
5-Nov-12	SPTT to RGH - Demo Project - 1 way	AB	Meeting									5.00
5-Nov-12	RGH to BMO Centre - Intercare Event - 1 way	AB	Meeting									8.00
5-Nov-12	BMO Centre to Airport - 1 way	AB	Meeting									18.00
5-Nov-12	Parking for Intercare Event	AB	Meeting				\$13.00					11.00
8-Nov-12	Fl. Calgary to SPTT - ZMAC - 1 way	AB	Meeting									10.00
SUBTOTALS							\$13.00					Total Kms 577.00

MEAL PER DIEM RATES

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement

\$0.505

Mileage \$

\$291.39

Travel \$ Subtotal

\$13.00

Enter on page 1 TOTAL TRAVEL \$

\$304.39

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

EXPENSE CLAIM DETAILS

SECTION C Other Expenses

Emp # (E-People) ██████████

Emp # (Legacy)

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOT</u> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
18-Nov-12	Canadian College of Health Leaders membership renewal	101	0767	71205000206	69500000			\$460.00	\$460.00

SECTION D Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense

[Bank of Canada Currency Converter](#)

→ Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Enter Finance Coding

EXPENSE CLAIM DETAILS

Emp # (E-People) [REDACTED]

Emp # (Legacy)

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 relocation, continuing education, business insurance), go to SECTION C
 Select from dropdown menu (column Province) 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.

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							
15-Nov-12	SPTT to BMO Centre - Philanthropist Award & return	AB	Meeting										
15-Nov-12	Parking for Philanthropist Award	AB	Meeting										
18-Nov-12	Residence to SHC Open House & return - Sunday	AB	Meeting				\$13.00					20.00	
19-Nov-12	SPTT to BMO Centre-Clay Riddell Tribute Dinner-1 way	AB	Meeting										
19-Nov-12	Parking at BMO Centre-Clay Riddell Tribute Dinner	AB	Meeting									64.00	
21-Nov-12	SPTT to SHC-tour City Manager & return	AB	Meeting				\$13.00					10.00	
22-Nov-12	SPTT to ACH for Board Meeting - 1 way	AB	Meeting									21.00	
26-Nov-12	S:PTT to FMC - SVP/VP mtg - 1 way	AB	Meeting									36.00	
27-Nov-12	Calgary G&C Club-CHT Board mtg to SPTT - 1 way	AB	Meeting									21.00	
27-Nov-12	SPTT to FMC - RN Grad Event - 1 way	AB	Meeting									15.00	
27-Nov-12	FMC to Airport - Prov Ed PI Flow Improvement - 1 way	AB	Meeting									12.00	
28-Nov-12	Transit in Edm for ED PI Flow Improvement	AB	Meeting									15.00	
29-Nov-12	Airport to SPTT - returning from Edm. - 1 way	AB	Meeting				\$8.75					19.00	
10-Dec-12	SPTT to CBCC Parkdale for Cambrian Tour & return	AB	Meeting										
12-Dec-12	SPTT to ACH for Funding Priority Mtg - 1 way	AB	Meeting									26.00	
13-Dec-12	Ft. Calgary to SPTT - ZMAC - 1 way	AB	Meeting									32.00	
17-Dec-12	SPTT to FMC - CZ Leadership - 1 way	AB	Meeting									21.00	
												10.00	
												15.00	
												15.00	
SUBTOTALS							\$34.75						
												Total Kms	
												352.00	

MEAL PER DIEM RATES

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement	\$0.505
Mileage \$	\$177.76
Travel \$ Subtotal	\$34.75
Enter on page 1 TOTAL TRAVEL \$	\$212.51

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

EXPENSE CLAIM DETAILS

Enter Finance Coding _____ Emp # (E-People) _____ Emp # (Legacy) _____ Page **2C**
 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 relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) 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.

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						
18-Dec-12	PLC to SPTT-VP is in Booth - 1 way	AB	Meeting									19.00
19-Dec-12	SPTT to Calgary G&C Club - CHT Event - 1 way	AB	Meeting									12.00
SUBTOTALS												Total Kms 31.00

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement	\$0.505
Mileage \$	\$15.66
Travel \$ Subtotal	
Enter on page 1 TOTAL TRAVEL \$	\$15.66

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

SC **N2 455446**
Calgary Stampede

CALGARY STAMPEDE

PLEASE LEAVE FACE UP ON DASH

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**GOOD FOR ONE
ENTRY ONLY**

PLEASE PARK AS
DIRECTED

\$13.00

GSTR118823467

READ CONTRACT ON OTHER SIDE



ially invited to join us
ner and Dancing
ebrate 20 years of
e's ownership of
ok, Southwood and Millrise
re Centres

November 5th, 2012
Room², BMO Centre
Stampede Grounds

Cocktails 6:30 pm Dinner 7:30 pm

Kindly RSVP by October 12th ✓ *KL*
to Kelly Lott at
klott@intercarecorpgroup.com
or 403.252.1194 extension 143

Enclosure



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

RECEIPT REÇU

November 23, 2012

Received from / reçu de :

1726

Brenda G Huband, CHE
Senior Vice President
Alberta Health Services
SPT Tower 10101 Southport Road SW
Calgary, AB T2W 3N2

Date	Invoice / Facture	Description	Amount / Montant
Nov-18-2012	2013-036729	CCHSE Member Fees	\$460.00

TOTAL RECEIVED / TOTAL REÇU : \$460.00

Brenda G Huband ✓

2/21/12

Nº 464268

Calgary Stampede

CALGARY STAMPEDE

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**GOOD FOR ONE
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PLEASE PARK AS
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GSTR118823467

OPEN - 11

17th St. Pl. no. 1000

Bay Area, 10/15

CHARGES ARE FOR USE OF
PARKING SPACE ONLY.
WHILE WE OBSERVE EVERY
PRECAUTION TO SAFEGUARD
CUSTOMER'S PROPERTY, IT IS
ACCEPTED ONLY WITH THE
UNDERSTANDING THAT WE ASSUME
NO LIABILITY FOR LOSS OR
DAMAGE OF ANY NATURE.

**CAR AND CONTENTS LEFT
AT OWNER'S RISK.**

CARS PARKED IN FIRE LANES
WILL BE TOWED. THE OWNER
WILL BEAR THE RISK OF
ANY LOSS OR DAMAGE TO THE
VEHICLE OR CONTENTS
RELATED TO THE TOWING,
HOWEVER CAUSED.

11-11-85

N# 468506

Calgary Stampede

CALGARY STAMPEDE

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**GOOD FOR ONE
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PLEASE PARK AS
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\$13.00

GSTR118823467

Clay Riddell
of Recognition
Trust Institute

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HOWEVER CAUSED.

CASH - BN

www.takeETS.com

ETS



2014 EXPIRY

Pt. Flow
Coord Edm.
Day Pass

Expires
Nov 28/12

0000156987-1
Corona Station East TVN50035

2014 EXPIRY

0136-0511

- This pass is valid for regular bus and LRT service and allows unlimited travel on a single day by one adult and up to four children under the age of twelve.
- This pass is not valid on DATS.
- The pass is to remain in the possession of the rider on all ETS vehicles and within prescribed payment areas and shown to the Operator upon boarding or to any authorized officer of Edmonton Transit upon request.
- The pass remains the property of ETS and must be surrendered upon request.
- ETS does not replace lost or stolen passes.
- The conduct of transit passengers is subject to Bylaw No. 8353

ETS
Edmonton Transit System

HP (cash) 5L78 \$