

## Board and Executive Expense Report

**Name** Dr. Chris Eagle  
**Title** President & CEO  
**Location** Edmonton

Expenses submitted during the month of October 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)
September 2012	Expense Claim	Monthly cellular charges								135
October 2012	Expense Claim	Various meetings				122	122			
September/ October 2012	P-card	Various meetings & AHS board and Public meeting			1,107	108	1,215			
October 14	P-card	Ticket for Research breakfast								75
<b>Total</b>			\$ -	\$ -	\$ 1,107	\$ 230	\$ 1,337	\$ -	\$ -	\$ 210

**Total for the Month** \$ 1,547

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed in the month \$ 169  
 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 & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)** Travel Period from: 1-Oct-12 to 22-Oct-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	Dr. Chris Eagle	Position (Title)	President & Chief Executive Officer	Employee # (E-People)	████████	Employee # (Legacy)	
Location	14th Floor SSP	Dept	Executive Office	Union		Business Phone #	████████
						Ext	
						Out-of-Province Travel	No

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 \_\_\_\_\_ 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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total			
2A	101	0923	71110101058	\$122.02	101	0923	71110101058	64020000	135.45	Total Section B	\$122.02	
2B										Total Section C&D	\$135.45	
2C										Less Cash Advance		
2D										<b>TOTAL CLAIM</b>	<b>\$257.47</b>	
				\$122.02					\$135.45			

\*\*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) Laura Lee Clarke Phone # ██████████ Ext

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 [Signature] Date 22 Oct 2012

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) Stephen Lockwood DOFA Level 1 Position # Phone # ██████████ Ext

Signature [Signature] Title Chair, Alberta Health Services Board Date Oct 25/12

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 Palika, Director Accounts Payable at 780-735-0506 or email: Mark.Palika@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0923 • 71110101058 Emp # (E-People) XXXXXXXXXX Emp # (Legacy) XXXXXXXXXX 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'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						
① 12-Oct-12	Parking Expense - Health Advisory Council Mtg (Day 1)	AB	Meeting				\$4.75					
② 13-Oct-12	Parking Expense - Health Advisory Council Mtg (Day 2)	AB	Meeting				\$11.00					
③ 8-Oct-12	Rental Car - Calgary Mtgs at various sites (Oct 8-10)	AB	Meeting						\$106.27			
<b>SUBTOTALS</b>							\$15.75		\$106.27			Total Kms

**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	
Mileage \$	
Travel \$ Subtotal	\$122.02
Enter on page 1 TOTAL TRAVEL \$	\$122.02

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**

<b>SECTION C Other Expenses</b>	Emp # (E-People) <span style="background-color: black; color: black;">██████████</span>	Emp # (Legacy)	Page <b>3</b>
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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 <b>ON</b> till slip/receipt, enter total amount in this column <b>WITH GST</b>	GST is <b>NOT</b> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
16-Sep-12	Monthly Cellular Charges (Sept 16-Oct 16)	101	0923	71110101058	64020000		\$135.45	\$135.45	

<b>SECTION D Foreign Currency</b>	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	<a href="#">Bank of Canada Currency Converter</a> →	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  
- 3 of 3 -

*PK*

CITY OF EDMONTON  
 LEASING SERVICE  
 GST # R119580595

MANULIFEPLACE PARKADE  
 OPERATED BY:  
 STANDARD PARKING

12/10/12 17:28  
 12/10/12 18:55 - 01:28  
 58241365 / #250959  
 RATE-1 : \$ 4.75  
 TOTAL : \$ 4.75  
 CASH : \$ 5.00  
 CHANGE : \$ 0.25

Terminal#:1 Cashier#:3  
 12/10/12 17:28  
 12/10/12 18:55 - 01:28  
 58241365 / #250959  
 RATE-1 : \$ 4.75  
 TOTAL : \$ 4.75  
 CASH : \$ 5.00  
 CHANGE : \$ 0.25

GST INCLUDED  
 GST # R119580595  
 HAVE A NICE DAY

*Reimburse HAC meety*

THANK YOU  
 LOVE HEATH

*Reimburse HAC meety*

**(1) October 12, 2012 (\$4.75)**

- Parking at Provincial Health Advisory Council Mtg. (Day 1)

**(2) October 13, 2012 (\$11.00)**

- Parking at Provincial Health Advisory Council Mtg. (Day 2)



GST/HST 868650179RT0001  
 RA 16462951 Bill 0  
 Rental 08-OCT-2012 08:49 PM  
 CALGARY INTL ARPT  
 Return 10-OCT-2012 04:33 PM  
 CALGARY INTL ARPT

CHRISTOPHER EAGLE  
 Vehicle # DM354654  
 Model JETTA S  
 Class Driven SNAR Class Charged CCAR  
 License# J82083 State/Province AB  
 M/Kms Driven 126  
 M/Kms Out 4489  
 M/Kms In 4613

Billing Ref	No Unit	Price	Amount
GOVERNMENT OF ALBERTA			
Charges	2 Days	40.00	80.00*
T & M	0 M/Kms	0.00*	0.00*
UNLIM M/KM	0 M/Kms	12.73*	12.73*
CONCESSION RECOV FEE		12.00*	12.00*
CUSTOMER FACILITY CHARGE		1.54*	1.54*
VEH LICENSE FEE			
Total Charges			CAD 106.27
Deposit	1001		CAD 106.27
Amount Due			

\* Taxable Items  
 Subject to Audit

**(3) October 8-10, 2012 (\$106.27)**

- Rental car in Calgary (Oct 8-10) for meetings with:
  - Speaking Engagement at Libin Institute
  - Dean, Faculty of Medicine
  - Potential SVP Candidate
  - Foothills Executive Team

CHRIS J. EAGLE

BILL DATE : 16-Sep-12  
PAGE 1 of 3

CLIENT N° :



**Changes in text message pay-per-use rates**

As of November 1, 2012 the pay per use rate for sending and receiving text messages within Canada will increase to \$0.25/message. This rate also applies to text messages that are sent from Canada to the U.S.

**Changes in our Reconnection fees**

Starting November 1, 2012 the Reconnection Fee is increasing to \$35 (current: \$30). This is the fee charged to restore a suspended service.

For ways to conveniently pay your invoice, including Pre-Authorized Payments, please visit [telusmobility.com/billing](http://telusmobility.com/billing)

**Go paper free and save a tree**

Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) and selecting "go paperless".

**Thank you for choosing TELUS.**

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.45
Total Taxes	\$ 6.45
<b>Total Current Charges</b>	<b>\$ 135.45</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Aug-12	\$ 136.29
Payments	\$ -136.29
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Sep-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 135.45**

(4)

**(4) September 16, 2012 (\$135.45)**

- Monthly Cellular Charges (Sept 16-Oct 16)



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Oct-12
	16-Sep-12	\$ 135.45

Payable on receipt

CHRIS J. EAGLE

*Random*

Amount of Payment  
**135.45**

Please make cheques payable to TELUS  
Please do not staple

CHRIS J. EAGLE

CLIENT N° :

BILL DATE : 16-Sep-12  
PAGE 3 of 3



ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Sep 17 to Oct 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service	*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, *611 and In Network Calling				
	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	240:00	24:00	216:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
	Domestic Phone	152:00	0:00	152:00	0:00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services Service	Total Events	Event Type	Total
	Data Usage	138.765	MB
<b>Total</b>			<b>\$ 0.00</b>

Value Added Services Service	Total
	200 mins Cdn LD @ 10¢ (Sep 17 to Oct 16)
3 GB included data (Sep 17 to Oct 16)	Free
Feature Bundle - Small (Sep 17 to Oct 16)	7.00
Visual Voicemail for iPhone (Sep 17 to Oct 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits	Total
	Summary Paper Bill Fee
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
	GST
<b>Total</b>	<b>\$ 6.45</b>

**Total Current Charges \$ 135.45**

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>EAGLE, CHRIS</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/10/2012</u>
Cardholder's Name	Cardholder's Position/Title		
<u>CORPORATE OFFICE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$1,289.09</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/09/2012	296302523	PODOLLAN INN & SPA, LODGING HOTELS, MOTELS, RESORTS	151.55	CAD	151.55	7.22	.00	AHS BOARD & PUBLIC MTG. ①
21/09/2012	296461379	PETROCAN, FUEL DISPENSER, AUTOMATED	40.50	CAD	40.50	.00		FUEL - CALGARY TRIP Fleet Vehicle ②
22/09/2012	296461378	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	378.86	CAD	378.86	18.04		VARIOUS MTGS IN CALGARY ③
10/10/2012	298170818	SHELL, FUEL DISPENSER, AUTOMATED	12.35	CAD	12.35	.00		FUEL FOR RENTAL - CALGARY TRIP ④
11/10/2012	298170817	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	378.86	CAD	378.86	18.04		VARIOUS MTGS IN CALGARY ⑤
14/10/2012	298503660	GLENROSE REHABILITATIO, ORGANIZATIONS, CHARITABLE AND	75.00	CAD	75.00	3.57		TICKET TO SPOTLIGHT ON RESEARCH ⑥
18/10/2012	298788731	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		EZ MED STAFF SPEAKING EVENT ⑦
18/10/2012	298788733	PETROCAN, FUEL DISPENSER, AUTOMATED	39.54	CAD	39.54	.00		FUEL - CALGARY TRIP Fleet Vehicle ⑧
19/10/2012	298788732	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	197.43	CAD	197.43	9.40		VARIOUS MTGS IN CALGARY ⑨

See attached for detailed description  
of each transaction.



<b>Signatures</b>					
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><u>Lauralee Clarke</u> Name of Cardholder Designate</td> <td style="width:50%; border: none;"><u>Executive Assistant</u> Cardholder Designate Position/Title</td> </tr> <tr> <td style="border: none;"><u>Lauralee Clarke</u> Signature of Cardholder Designate</td> <td style="border: none;"><u>Oct 22/12</u> Date of Signature</td> </tr> </table>		<u>Lauralee Clarke</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	<u>Lauralee Clarke</u> Signature of Cardholder Designate	<u>Oct 22/12</u> Date of Signature
<u>Lauralee Clarke</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title				
<u>Lauralee Clarke</u> Signature of Cardholder Designate	<u>Oct 22/12</u> Date of Signature				
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><u>EAGLE, CHRIS</u> Name of Cardholder</td> <td style="width:50%; border: none;"><u>PRESIDENT &amp; CEO</u> Cardholder Position/Title</td> </tr> <tr> <td style="border: none;"><u>[Signature]</u> Signature of Cardholder</td> <td style="border: none;"><u>22 October 2012</u> Date of Signature</td> </tr> </table>		<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	<u>[Signature]</u> Signature of Cardholder	<u>22 October 2012</u> Date of Signature
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title				
<u>[Signature]</u> Signature of Cardholder	<u>22 October 2012</u> Date of Signature				
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><u>Patti Grier</u> Name of Approver Designate</td> <td style="width:50%; border: none;"><u>Chief of Staff, Alls Board</u> Approver Designate Position/Title</td> </tr> <tr> <td style="border: none;"><u>[Signature]</u> Signature of Approver Designate</td> <td style="border: none;"><u>Oct 23, 2012</u> Date of Signature</td> </tr> </table>		<u>Patti Grier</u> Name of Approver Designate	<u>Chief of Staff, Alls Board</u> Approver Designate Position/Title	<u>[Signature]</u> Signature of Approver Designate	<u>Oct 23, 2012</u> Date of Signature
<u>Patti Grier</u> Name of Approver Designate	<u>Chief of Staff, Alls Board</u> Approver Designate Position/Title				
<u>[Signature]</u> Signature of Approver Designate	<u>Oct 23, 2012</u> Date of Signature				
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><u>Stephen Lockwood</u> Name of Approver</td> <td style="width:50%; border: none;"><u>Board Chair</u> Approver Position/Title</td> </tr> <tr> <td style="border: none;"><u>[Signature]</u> Signature of Approver</td> <td style="border: none;"><u>Oct 25/12</u> Date of Signature</td> </tr> </table>		<u>Stephen Lockwood</u> Name of Approver	<u>Board Chair</u> Approver Position/Title	<u>[Signature]</u> Signature of Approver	<u>Oct 25/12</u> Date of Signature
<u>Stephen Lockwood</u> Name of Approver	<u>Board Chair</u> Approver Position/Title				
<u>[Signature]</u> Signature of Approver	<u>Oct 25/12</u> Date of Signature				
<b>Submit approved statement with attachments to Accounts Payable:</b>					
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original Itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>				
<b>Accounts Payable only:</b>					
Reference #: _____	Reviewed by: _____	Date: _____			



PODOLLAN.COM

*The good night to us night*

GST # B5892 2504 RT0001

10612 - 98TH Avenue, Grande Prairie AB T8V 8E6  
T 780.530.2000 F 780.530.3902 TF 866.440.2050

Chris Eagle

Room	Folio	CheckIn	CheckOut	Balance
		09/12/2012	09/13/2012	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
09/12/2012		Utility Charge	3.95	0.00	3.95
09/12/2012		GST - 5.000%	0.20	0.00	4.15
09/12/2012		Room Taxable	134.00	0.00	138.15
09/12/2012		GST - 5.000%	6.70	0.00	144.85
09/12/2012		Tourism Levy - 4.00%	5.36	0.00	150.21
09/12/2012		Destination Fee - 1.000%	1.34	0.00	151.55
09/13/2012		Mastercard / Diners - Thank You	0.00	151.55	0.00
09/20/2012		Mastercard / Diners - Thank You	0.00	151.55	-151.55
09/20/2012		Mastercard / Diners Refund - Wrong Card Charged	151.55	0.00	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			137.95
		GST 5.00%			6.90
		Tourism Levy 4.00%			5.36
		Destination Fee 1.00%			1.34

PODOLLAN INN & SPA  
10612 98TH AVENUE  
GRANDE PRAIRIE, AB T8V 8E6  
(256) 545-7752

PODOLLAN INN & SPA  
10612 98TH AVENUE  
GRANDE PRAIRIE, AB T8V 8E6  
(256) 545-7752

TERM ID: G4145015  
BATH: 010  
SHIFT: 001

EMP ID: 04145015  
BATH: 0  
SHIFT: 001

**Sale**  
INV#: 000033061  
M: 01  
S: 000100000

**Refund**  
INV#: 000033063  
Manual  
SQ#: 6700101000

Total: CAD\$ 151.55

Total: CAD\$ 151.55

APPROVED 001/1  
28-Sep-12 13:54:49

APPROVED 000/1  
28-Sep-12 13:58:14

CUSTOMER COPY  
THANK YOU

CUSTOMER COPY  
THANK YOU

Thank you f

**(1) September 20, 2012 (\$151.55)**  
 • One night accommodation in Grande Prairie for AHS Board & Public Meeting (Sept 12-13)

2

PETRO-CANADA  
2235 33 AVENUE S.W  
CALGARY  
ALBERTA T2T 1Z9  
4032171589

GST #: 0886583616  
PC0515930:0259101

2012-09-21 06:08

PUMP 03  
REGULAR  
LITRES L 34.060  
PRICE/L \$ 1.189  
FUEL SALES \$ 40.50\*

TOTAL OWED \$ 40.50

TOTAL PAID  
CREDIT CARD \$ 40.50

\* GST INCL. \$ 1.93

\*\*\*\*\* S  
INVOICE 069121  
AUTH  
PURCHASE  
S 0010010010 00 027

00 APPROVED  
THANK YOU *Fleet*

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS

**(2) September 21, 2012 (\$40.50)**

- Fuel for fleet vehicle
- Trip to Calgary (Sept 19-21) for meetings with:
  - Dean of Nursing, University of Calgary
  - AB Children's Hospital Foundation Board Chair
  - Tour of CUPS/The Alex
  - CCHL Speaking Event
  - Rockyview Executive Team

PETRO-CANADA 4  
PRODUCTS  
ON BEHALF OF  
6450 CENTER STREET N.E.  
CALGARY AB  
T2K 5C5  
(403) 274-7868  
( DUPLICATE RECEIPT )

Tax Description	Qty	Amount
F Bronze No. 5 10.47 L @ \$1.179/ L		\$12.35
Sub Total		\$12.35
Amount GST Taxable		\$0.00
5.0% GST Tax		\$0.00
Amount PST Taxable		\$0.00
0.0% PST Tax		\$0.00
<b>Total</b>		<b>\$12.35</b>
		\$12.35
Change		\$0.00

BASE  
No. 09/1/93996  
10/10 16:15

*Car rental  
Geo receipt*

APPROVAL No.  
TERMINAL No.

IMPORTANT  
retain this copy for  
your records

Fuel Includes GST 5.0% \$0.59  
Fuel Includes PST 0.0% \$0.00

GST - Fuel - AB 137400032R1

Help us change the world,  
one click at a time.  
[www.fuellingchange.com](http://www.fuellingchange.com)

**(4) October 10, 2012 (\$12.35)**

- Fuel for rental car in Calgary (Oct 8-10)

# HOTEL ALMA



100 UNIVERSITY GATE N.W.  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.204.4184  
 WWW.HOTELALMA.CA

EAGLE, DR CHRIS

Room Number:  
 Daily Rate: 169.00  
 Room Type:  
 No. of Guests: 1 / 0

EDMONTON, AB

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
19-Sep-12	21-Sep-12		GOV	DIS	

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
19-Sep-12		ROOM CHARGE	EAGLE, DR CHRIS	\$169.00
19-Sep-12		GST	GST	\$8.45
19-Sep-12		DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$5.22
19-Sep-12		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.76
20-Sep-12		ROOM CHARGE	1 EAGLE, DR CHRIS	\$169.00
20-Sep-12		GST	GST	\$8.45
20-Sep-12		DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$5.22
20-Sep-12		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.76
21-Sep-12		MASTERCARD	MASTERCARD	(\$378.86)

**(3) September 22, 2012 (\$378.86)**

- Two nights' accommodation in Calgary (Sept 19-21) for meetings with:
  - Dean of Nursing, University of Calgary
  - AB Children's Hospital Foundation Board Chair
  - Tour of CUPS/The Alex
  - CCHL Speaking Event
  - Rockyview Executive Team

CREDIT DUE: \_\_\_\_\_ (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

# HOTEL ALMA

*Calgary trip* (5)



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 V. HOTELALMA.CA

EAGLE, DR CHRIS

Room Number:  
 Daily Rate: 169.00  
 Room Type:  
 No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
08-Oct-12	10-Oct-12				

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
08-Oct-12		ROOM CHARGE	EAGLE, DR CHRIS	\$169.00
08-Oct-12		GST	GST	\$8.45
08-Oct-12		DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$5.22
08-Oct-12		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.76
09-Oct-12		ROOM CHARGE	EAGLE, DR CHRIS	\$169.00
09-Oct-12		GST	GST	\$8.45
09-Oct-12		DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$5.22
09-Oct-12		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.76
10-Oct-12		MASTERCARD	MASTERCARD	(\$378.86)

**(5) October 11, 2012 (\$378.86)**

- Two nights' accommodation in Calgary (Oct 8-10) for meetings with:
  - Speaking Engagement at Libin Institute
  - Dean, Faculty of Medicine
  - Potential SVP Candidate
  - Foothills Executive Team

CREDIT DUE: \_\_\_\_\_ (\$0.00)

\_\_\_\_\_  
 SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

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 GST R#108102864

**From:** Glenrose Foundation Events [postmaster@glenrosefoundation.com]  
**Sent:** Sunday, October 14, 2012 5:15 PM  
**To:**  
**Subject:** Payment Receipt

## Glenrose Rehabilitation Hospital Foundation

Hello Alberta Health Services (Chris Eagle)

Your order has been approved

Thank You  
Glenrose Rehabilitation Hospital Foundation

### Your Receipt

Event: Spotlight on Research Breakfast 2012  
Order: Individual Tickets -  
Tickets - 1 \$75.00  
Donation: \$.00  
Total Amount: \$75.00

**(6) October 14, 2012 (\$75.00)**

- Ticket to attend the Glenrose Spotlight on Research Breakfast

Order#646  
Approved  
Auth Code:  
Trans ID:  
Date: 10/14/2012 5:14:24 PM

Name: Alberta Health Services (Chris Eagle)  
Company: Alberta Health Services  
Address:  
Address1:  
City: Edmonton  
Prov: AB  
Country: CA  
Postal Code:

Phone:  
Email:

Glenrose Rehabilitation Hospital Foundation  
10230 111 Ave. Edmonton, AB T5G 0B7  
Phone: 780-735-6024 Fax: 780-735-8227  
Charitable Registration #89101 6347 RR0001

This is an auto generated email to



DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

19/10/12 18:34

18/10/12 18:34 \$ 15.00

AMOUNT PAID

CREDIT CARD NUMBER

\$ 15.00 16490000 18:34 LOT6105

CC



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 80673073

RECEIPT

80673073

**(7) October 18, 2012 (\$15.00)**

- Parking at the Misercordia Hospital to attend and speak at the Edmonton Zone Medical Staff Association Annual General Meeting

cc Receipt  
Gas - leased  
Fleet vehicle (8)

PETRO-CANADA

2235 33 AVENUE S.W

CALGARY

ALBERTA T2T 129

4032171589

GST #: 0886583616

PC0550673:0259101

2012-10-18 06:46

PUMP 06

REGULAR

LITRES L 38.679

PRICE/L \$ 1.174

FUEL SALES \$ 39.54\*

TOTAL OWED \$ 39.54

TOTAL PAID

CREDIT CARD \$ 39.54

\* GST INCL. \$ 1.88

\*\*\*\*\* S

INVOICE

AUTH

PURCHASE

00 APPROVED

THANK YOU

-- IMPORTANT --  
RETAIN THIS COPY  
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**(8) October 18, 2012 (\$39.54)**

- Fuel for fleet vehicle
- Fuel for trip to Calgary (Oct 17-18) for meetings with:
  - AHS Board Chair
  - AB Cancer Board Chair and CEO
  - AHS Board Audit & Finance Committee

# HOTEL ALMA

9



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.492.3203 T 403.220.3203 F 403.284.4184  
 WWW.HOTELALMA.CA

*Calgary trip*

EAGLE, DR CHRIS

Room Number:  
 Daily Rate: 169.00  
 Room Type:  
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
17-Oct-12	18-Oct-12				
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
17-Oct-12		PARKING	PARKING CHARGE		\$8.00
17-Oct-12		ROOM CHARGE	EAGLE, DR CHRIS		\$169.00
17-Oct-12		GST	GST		\$8.45
17-Oct-12		DESTINATION MARKETING FEE	DESTINATION MARKETING FEE		\$5.22
17-Oct-12		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$6.76
18-Oct-12		MASTERCARD	MASTERCARD		(\$197.43)

**(9) October 19, 2012 (\$197.43)**

- One night accommodation in Calgary (Oct 17-18) for meetings with:
  - AHS Board Chair
  - AB Cancer Board Chair and CEO
  - AHS Board Audit & Finance Committee

CREDIT DUE: \_\_\_\_\_ (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

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 GST R#108102864