

Board and Executive Expense Report

Name Dr. Chris Eagle
Title President & CEO
Location Edmonton

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)
November 2021	Expense Claim	Monthly cellular charges	-	-	-	-	-	-	-	142
November 2012	Expense Claim	Various meetings	-	-	229	81	310	-	-	-
November 2012	P-Card	Various meetings & speaking engagement	-	-	424	70	494	-	-	-
Total			\$ -	\$ -	\$ 653	\$ 151	\$ 804	\$ -	\$ -	\$ 142

Total for the Month \$ 946

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 199
 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:

- 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

EAGLE, CHRIS Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period: 20/12/2012
CORPORATE OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$494.22
CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/11/2012	001635691	PETROCAN, FUEL DISPENSER, AUTOMATED	28.84	CAD	28.84	.00		FUEL (FLEET VEH) - CALGARY TRIP
21/11/2012	001738795	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	424.38	CAD	424.38	20.21		VARIOUS MTGS IN CALGARY
28/11/2012	002294974	MPARK00020281A, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95		000ED SYMPOSIUM SPEAKING EVENT
30/11/2012	002471303	MPARK00030179U, AUTOMOBILE PARKING LOTS AND GARAGES	21.00	CAD	21.00	1.00		000SEVERAL MTGS DOWNTOWN CALGARY

See attached for details on each transaction

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>Laura Lee Clarke</u> Name of Cardholder Designate</p> <p><u>Laura Lee Clarke</u> Signature of Cardholder Designate</p>	<p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>December 21/12</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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). 		
<p><u>EAGLE, CHRIS</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>PRESIDENT & CEO</u> Cardholder Position/Title</p> <p><u>December 21/12</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <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). 		
<p><u>Stephen Lockwood</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>AHS Board Chair</u> Approver Position/Title</p> <p><u>Dec 21/12</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

①

Gas 4 ~~fuel~~
~~fuel~~
vehicle

PETRO-CANADA
18120 ELBOW DR. SW.
CALGARY
ALBERTA T2W1E7
4032553775

GST #: 031051184
PC0302785:8950801

2012-11-19 14:29

PUMP 85
REGULAR
LITRES L 27.759
PRICE/L \$ 1.839
FUEL SALES \$ 28.84*

TOTAL OWED \$ 28.84

TOTAL PAID
CREDIT CARD \$ 28.84

* GST INCL. * 1.37

MASTERCARD

INVOICE 100785
AUTH 152933
PURCHASE
\$ 0010010010 00 027

PETRO-POINTS
BALANCE BEFORE
PURCHASE 14798

- November 19/2012 (\$28.84)**
- Fuel for fleet vehicle
 - Trip to Calgary (Nov 18/19/20) for meetings with:
 - Telehealth Session w Board Chair for AHS Staff
 - Executive Committee
 - 1:1 meetings with Executives



DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH
Dr Chris Ealg

Room: 0221
Folio: [REDACTED]
Cashier: 240
Arrival: 11-18-12
Departure: 11-20-12

Date	Description	Additional Information	Charges	Credits
11-18-12	Room Charge		179.00	
11-18-12	DMF		5.37	
11-18-12	Room GST		9.22	
11-18-12	Tourism Levy		7.37	
11-19-12	Room Charge		199.00	
11-19-12	DMF		5.97	
11-19-12	Room GST		10.25	
11-19-12	Tourism Levy		8.20	
11-20-12	Mastercard	[REDACTED]		424.38
GST Summary			Total	424.38
Registration No: 895126332			Balance Due	0.00 CDN
Room	19.47			
F&B	0.00			
Other	0.00			
Total	19.47			

November 21/2012 (\$424.38)

- Two night's accommodation in Calgary (Nov 18/19) for meetings with:
 - Telehealth Session w Board Chair for AHS Staff
 - Executive Committee
 - 1:1 meetings with Executives

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

③

ED MATH

CANADA PLACE PARKADE
OPERATED BY IMPARK
FOR THE CITY OF EDMONTON

Rcpt# 46683
11/28/12 11:20 LH 2 AM 12 Tax# 76501
11/28/12 07:58 In 11/28/12 11:20 Out
Regular Rate \$ 19.05
Total Tax \$ 0.95
Total Fee \$ 20.00
MASTERCARD \$ 20.00-Change Due \$
0.00

THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

November 28/2012 (\$20.00)

- Parking to attend and speak at the Provincial ED Patient Flow Improvement Conference (Edmonton)

(A)

Parking 4 meetings

DISPLAY TICKET ON DASH

Expiration Date/Time

05:45 PM
NOV 30, 2012

Purchase Date/Time: 01:45pm Nov 30, 2012
Total Parking: \$20.00
Total FEDERAL: \$1.00
Total Due: \$21.00
Total Paid: \$21.00
Ticket #: 00010891
SN #: 500012260463
Setting: Lot 179
Mach Name: Lot 179-2

Rate: 4 HOURS
Payment Type: Card

Card ██████████ MasterCard

Auth #: 154549

TEAR PORTION OFF PRESENT
TO SUMO LOUNGE FOR
VALIDATION
GST REG #R102466000

RECEIPT

Expiration Date/Time: 05:45pm Nov 30, 2012
Purchase Date/Time: 01:45pm Nov 30, 2012
Total Parking: \$20.00
Total FEDERAL: \$1.00
Total Due: \$21.00
Total Paid: \$21.00
Ticket #: 00010891
Setting: Lot 179
Mach Name: Lot 179-2

Rate: 4 HOURS
Payment Type: Card

Card ██████████ MasterCard

Auth #: 154549

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

November 30/2012 (\$21.00)

- Parking downtown Calgary for several meetings with community leaders

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: 22-Nov-12 To 21-Dec-12
 Travel Period from: 22-Nov-12 To 21-Dec-12 (if applicable)
 Out-of-Province Travel No _____

Name: Dr. Chris Eagle Position (Title): President and Chief Executive Officer
 Location: 14th Floor Seventh St. Plaza Dept: Executive Office DOFA Level: _____ (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 _____ 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 Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			
2A	101	0923	71110101058	\$309.74	101	0923	71110101058	64020000	141.93	Total Section B	\$309.74	
2B										Total Section C&D	\$141.93	
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$451.67	
				\$309.74					141.93			

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

**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 # _____

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: [Signature] Date 20 Dec 2012

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): Stephen Lockwood DOFA Level _____ Position # _____ Phone # _____
 Signature: [Signature] Title AHS Board Chair Date Dec 21/12

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

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 - 0923 - 71110101058** Emp # (E-People) [REDACTED] Emp # (prior to E-people) [REDACTED] 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 = Interl).
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-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 6-Dec-12	Parking Expense - IHE Innovation Forum	AB	Educ				\$17.50					
2 7-Dec-12	Parking Expense - IHE Board of Director Meeting	AB	Meeting				\$17.50					
3 12-Dec-12	Parking Expense - AHS Board Community Engagement	AB	Meeting				\$5.00					
4 13-Dec-12	Parking Expense - Meetings with Deputy Minister	AB	Meeting				\$10.00					
5 17-Dec-12	Parking Expense - Meeting with Universities, AB Health	AB	Meeting				\$7.50					
6 29-Nov-12	Hotel Accomodation (1 night)	AB	Meeting					\$229.24				
7 29-Nov-12	Parking at Hotel (strip parking amount)	AB	Meeting				\$23.00					
SUBTOTALS							\$80.50	\$229.24				Total kms

MEAL PER DIEM RATES
 B = Breakfast = \$9.20 L = Lunch = \$11.80 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.85 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 \$0.50\$ per km for under 5,000km/yr
 \$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.50\$ km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	
Mileage \$	
Travel \$ Subtotal	\$309.74
Enter on page 1 TOTAL TRAVEL \$	\$308.74
<i>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2a can be found at end of form</i>	

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES				Emp # (E-People)	Emp # (prior to E-people)	Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</u> → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p>									
<p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Continuing Education <small>Select type from dropdown menu (if applicable)</small>	GST is ON the slip/receipt, enter total amount in this column WITH GST	GST is NOT on the slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
16-Nov-12	Monthly Cellular Charges	101	0923	71110101058	84020000		\$141.93	\$141.93	

SECTION D: FOREIGN CURRENCY				<small>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.</small>					
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-mm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	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 -

Reimburse Board Co. Fees

12/12/12
12/13/12
12/17/12

December 12/2012 (\$5.00)
• Parking for AHS Board Community Engagement Session

12/12/12
12/13/12
12/17/12
12/18/12
12/19/12
12/20/12
12/21/12
12/22/12
12/23/12
12/24/12
12/25/12
12/26/12
12/27/12
12/28/12
12/29/12
12/30/12
12/31/12

3

Medley & D.M.
INFORM LOT #101
TELEPHONE #201 888-7331
EXT 888731 5:30 PM 870004

12-13-2012 THU 01

2 HOUR 10.00
CASH 10.00

ITEM 1
TEL 7353 17-1970

4

December 13/2012 (\$10.00)
• Parking for meetings with:
o Deputy Minister, Assistant Deputy Minister, and CDO
o 1:1 meeting with Deputy Minister

INFORM LOT #101
TELEPHONE #201 888-7331
EXT 888731 5:30 PM 870004

5

December 17/2012 (\$7.50)
• Parking for meeting with AB Health and Universities

12-17-2012 THU 01

1 1/2 HOUR 7.50
CASH 7.50

ITEM 1
TEL 7353 17-1970

Company **ALBERTA HEALTH SERVICES**

Dr CHRIS EAGLE
ALBERTA HEALTH SERVICES

DATE: 12-02-12
TIME: 10:04
ROOM: 0702
ARRIVAL: 11-29-12
DEPARTURE: 12-02-12
CONF. NO.: 2248718
PAGE: 1 of 1

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
11-29-12	Room Charge		214.00	
11-29-12	DMF - Destination Marketing Fe		6.42	
11-29-12	Alberts Tourism Tax		8.82	
11-29-12	GST		11.02	
11-29-12	Parking		38.00 @ 10 LET	
11-29-12	GST		1.90	
12-02-12	American Express			280.16
TOTAL			280.16	280.16
BALANCE			0.00 CAD	

DMF 6.42
GST: 848120796 12.92
ATT 8.82

Reimburse 252²⁴ Hotel + parking

November 29/2012 (\$229.24)

- One night accommodation in Calgary (Nov 29/12) for meetings with:
 - Staff at South Health Campus
 - Several meetings with Community Leaders

November 29/2012 (\$23.00)

- Overnight Parking downtown Calgary (street rate)

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit www.tripadvisor.com and share your Germain experience.

899 Centre Street SW Calgary (Alberta) T2G 1B8
TEL 403.264.8990 FAX 403.264.8991 1.877.362.8990
www.germaincalgary.com reservations@germaincalgary.com

CHRIS J. EAGLE

CLIENT N° : [REDACTED]



BILL DATE : 16-Nov-12
PAGE 2 of 3

Questions about your bill?

Read the info below and visit www.telusmobility.com/support for answers to frequently asked questions.

Need more details?

View your e.Bill at www.telusmobility.com/youraccount for complete detailed billing and much more at no cost. While you're there go paper free and save a tree. Together we can reduce paper use.

Billing

Monthly service fees are billed one month in advance. Usage is billed in arrears. Service charges on your first invoice will be for the number of days in the first month that your units were active.

View your detailed bill free of charge online at telusmobility.com/youraccount or subscribe to receive it in paper format for a monthly charge. Detailed billing includes the following sections :

- Bill Summary: Categorized summary of all your charges
- Account Detail: Specific review of service charges and taxes
- Group Summary: Breakdown of costs for the individual subscribers
- Individual Detail: Overview of specific details for each subscriber
- Airtime Detail: Lists phone calls made for each subscriber.

Service and Billing Inquiries

- If you have any questions you can contact TELUS by
- visiting our online support centre at www.telusmobility.com/support
 - visiting our Self Serve website at www.telusmobility.com/youraccount
 - dialing *611 from your TELUS wireless handset (free call)
 - calling us:

Calgary:	(403) 387-5825
Toronto:	(416) 279-2532
Vancouver:	(604) 291-2355
Other:	1-866-558-2273 (free call)

Payment Options

- You can pay your TELUS Account in the following ways:
- At most financial institutions (online, in person or by phone)
 - Online through e.Bill at telusmobility.com/youraccount
 - Credit card payments over the phone
 - Mail a cheque or money order in the Business Reply Envelope supplied
 - Sign up for preauthorized payment online at telusmobility.com/youraccount or over the phone

Please allow sufficient time for payments to reach TELUS by the date shown on the account statement. Seven business days may be required for mail and three days for bank payments. Payments will be credited to the account on the date of their receipt by TELUS. Bills are due upon receipt. Late charges of 2% compounded monthly (26.82% per annum) will be applied if payment is not received by the date shown on the account statement. Items returned for insufficient funds are subject to a \$25.00 administration charge. Security deposits are not shown on your bill.

Refund / Reimbursement

The charges billed on this statement will be deemed to be correct if not disputed by you within thirty (30) days of the bill date. A credit balance of less than or equal to \$5.00 will not be refunded. Unless otherwise indicated, all credit amounts include applicable GST/HST, QST and PST.

GST/HST# 81275 8878 RT0001
QST# 121 164 2781 TQ0001
TELUS is a trade-name for TELUS Communications Company.

PTLPS01A 39798 209524



TELUS
PO BOX 8950 STN TERMINAL
VANCOUVER BC V6B 3C3

CHRIS J. EAGLE

CLIENT N°: [REDACTED]



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

ACCOUNT DETAIL
[REDACTED]
CHRIS J. EAGLE

Current Charges - Detail

Contract Term : 3 yr expires Mar 24,2013

Monthly Service Plans Nov 17 to Dec 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
Total	\$ 100.00

Additional Local Airtime Service

*Free Airtime Includes: bonus minutes, birthday calling, evenings & weekends, See Learning, *911 and In Network Calling

	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	337:00	34:00	303:00	0:00	0.00
Total					\$ 0.00

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	231:00	0:00	200:00	31:00	3.10
Total					\$ 3.10

Data and Other Services

Service	Total Events	Event Type	Total
Text Msg - Sent	1	Msg	0.25
Data Usage	787 588	MB	0.00
Text Msg - Received	11	Msg	2.75
Total			\$ 3.00

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Nov 17 to Dec 16)	20.00
3 GB included data (Nov 17 to Dec 16)	Free
Feature Bundle - Small (Nov 17 to Dec 16)	7.00
Visual Voicemail for iPhone (Nov 17 to Dec 16)	Free
Total	\$ 27.00

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
Total	\$ 2.00

Taxes

	Total
GST	6.74
HST - BC	0.12
Total	\$ 6.86

Total Current Charges \$ 141.93

PTLPS01A 39798 HRI--2-2-1--208825