

## Official Administrator and Executive Expense Report

**Name** David OBrien  
**Title** SVP Community, Seniors Health, Addictions & Mental Health  
**Location** Calgary, Southport Tower.  
 Expenses submitted during the month of March 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-14	P-Card	Meetings	565		336	383	1,284			
Mar-14	Expense Claim	Meetings				100	100			21
<b>Total</b>			\$ 565	\$ -	\$ 336	\$ 483	\$ 1,384	\$ -	\$ -	\$ 21

**Total for the Month** \$ 1,405

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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: 1-Mar-14 To 31-Mar-14  
 Travel Period from: 1-Mar-14 To 31-Mar-14 (if applicable)  
 Out-of-Province Travel No

Name: David O'Brien Position (Title): SVP Community, Seniors, Addiction & Mental Health  
 Location: Dept: DOFA Level: (if applicable) Union: Business Phone # Ext:  
 Employee # (E-People):

**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	Total Section B	Total Section C&D
2A	101	0005	71110100024	\$99.80	101	0005	71110100024	69500000	\$20.87	\$99.80	\$20.87
2B										Less Cash Advance	
2C										<b>TOTAL CLAIM</b>	<b>\$120.67</b>
2D											
				\$99.80 ✓					\$20.87 ✓		

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**

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Employee Signature: Date: 24 Mar 2014

Approved By (PRINT ONLY): Mauro Chies DOFA Level Position # Phone # Ext  
 Signature: Title Acting VP Prov: Wide Clinical Date March 25, 2014

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 Procedure to Pay program.

## EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0005	71110100024	Emp # (E-People)		Page 2A								
If expenses incurred are for <b>multiple FC's</b> please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.														
<b>SECTION B: TRAVEL EXPENSES</b>														
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 (column Prov) where expenses were incurred (Out of N. America = Intert) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, <b>Further Explanation is REQUIRED</b> in the "Rationale is Required" section on this page										
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meat), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
5-Mar-14	EDM - Committee on Integrated Housing & Supports Framework	AB	Meeting	Yes							\$19.00	✓		
6-Mar-14	SPT to SHC - mtg with Lori Anderson, ret	AB	Meeting	Yes									40.00 ✓	
11-Mar-14	SPT to Best Western Port o'Call - mtg Interagency Council on Homelessness, ret	AB	Meeting	Yes									50.00 ✓	
16-Mar-14	SPT to Quarry Park, ret - Interviews assisting Penny Rae	AB	Meeting	Yes									20.00 ✓	
21-Mar-14	SPT to Calgary Delta Airport	AB	Meeting	Yes									50.00 ✓	
<b>SUBTOTALS</b>											\$19.00	✓	Total Km 160.00	
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement					Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement (see Mileage details to the left)					Mileage \$ \$0.505				
										Mileage \$ \$80.80				
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Travel \$ Subtotal \$19.00				
										Auto fills on page 1 - TOTAL TRAVEL \$ \$99.80				
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)														

# 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)		Page 3		
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>• 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	Business Reason for Expense - Detailed Description Required (include who attended (if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				TOTAL OTHER \$
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON or off/receipt, enter total amount in this column WITH GST	
19-Mar-14	iPhone Charger for Car	101	0005	71110100024	69500000	Yes		\$20.87	\$20.87

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-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

**Rationale is Required for expenses that are not Cost Effective.**  
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



PRECISE  
PARKLINK

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.  
WE WILL NOT BE RESPONSIBLE FOR LOSS OF PARKING SPACE  
DUE TO CONGESTION, UNUSUAL CIRCUMSTANCES, INCLUDING BUT NOT  
LIMITED TO FIRE, THEFT OR COLLISION.

PRECISE  
PARKLINK

RECEIPT

AMOUNT PAID  
\$ 19.00 95970000 09:00 LOT 1002  
05/03/14 18:00

DATE ISSUED TIME ISSUED AMOUNT PAID  
05/03/14 09:00 \$ 19.00  
RECEIPT CARD NUMBER

CC

Continuing Care Collaborative Mtg  
DISPLAY THIS SIDE UP ON DASHBOARD EDI enter DETACH RECEIPT FROM TICKET

- Parking @  
Capital Blvd  
for Integrated  
Housing Supports  
Framework Mtg  
Wed Mar 5/14  
0830-1200h

iPhone charger for car

\*\*\*\*\*  
ENTER FOR A CHANCE TO WIN 1 OF 3  
\$1000 CDN WAL-MART GIFT CARDS

To enter, please complete a survey  
about today's store visit at:

<http://survey.walmart.ca>

\*\*\*\*\*  
WE WANT TO KNOW HOW  
WE'RE DOING!

No purchase necessary. Math skill  
testing question required. Open to  
Canadian residents of the age of  
majority. Survey must be taken  
within 2 weeks of today. Odds of  
winning depend on the number of  
eligible entries received. Full  
rules available in store at  
the customer service desk  
and online at

<http://survey.walmart.ca>

Please retain this receipt for the  
purposes of completing  
the online survey

Your STORE CODE is

Your opinion counts  
(Le sondage est élement offert  
en français).

**Walmart**   
Supercentre

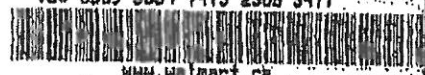
WAL-MART  
WE SELL FOR LESS  
(780) 986-7574  
LEUC, AB  
ST# 3657 OP# 0005342 TG# 67 TR# 03382  
PRO CASE 005949702221 \$19.88 J  
SUBTOTAL \$19.88  
GST 5% \$0.99  
TOTAL \$20.87  
MCARD TEND \$20.87

MasterCard  
APPROVAL #  
REF #  
PAYMENT SERVICE - A

AID A0000000041010  
IC FRA0010278A1408E  
TERMINAL # WHTAU876378  
\*Pin Verified

CHANGE DUE \$0.00  
GST/HST 137466199 RT 0001  
GST 1016551356 TQ 0001

# ITEMS SOLD: 1  
TC# 6569 8534 7413 2305 3471



[www.walmart.ca](http://www.walmart.ca)  
[www.facebook.com/WalmartCanada](http://www.facebook.com/WalmartCanada)  
03/19/14 13:45:54

\*\*\*CUSTOMER COPY\*\*\*

**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

O BRIEN, DAVID	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/03/2014
Cardholder's Name	Cardholder's Position/Title		
PRIMARY & COMMUNITY CARE	SOUTHPORT	Total Statement Amount:	\$1,283.75
Cardholder's Dept	Cardholder's Site/Location		
DAVID.OBRIEN@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
24/02/2014	343956698	WESTJET 8382198349855, Westjet Airlines	291.11	CAD	291.11	✓ .00	.00	Flight CGY/EDM/Ret Interagency Council on Homelessness, RBB CC DSW1	①
24/02/2014	343956697	WESTJET 8382198350514, Westjet Airlines	274.31	CAD	274.31	✓ .00	.00	Flight CGY/EDM/Reg Prov Advisory Council on AMH	②
28/02/2014	344050824	IMPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	✓ .00	.00	Parking Cont Care Quality Mgmt & Assurance Framework	③
08/03/2014	345267247	AHS PARKING SOUTH REAL HEALTH PRACTITIONERS, MEDICAL SERVICES	4.00	CAD	4.00	✓ .18		Parking SHC mtg Lori Anderson	④
11/03/2014	345598781	CO-OP TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	✓ 2.88	.00	Taxi Airport to Matrix for RBB CC DSW1	⑤
11/03/2014	345773888	CALGARY AIRPORT AUTHORITY, GAS / SERVICE STATIONS	6.25	CAD	6.25	✓ .25		Parking at CGY airport - Interagency Council on Homelessness	⑥
12/03/2014	345698780	CALG CO-OP GAS BAR #19, GAS / SERVICE STATIONS	35.00	CAD	35.00	✓ 1.87		Fuel for Rental Car EDM to CGY	⑦
12/03/2014	345773884	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	✓ 7.09		Hotel - RBB CC DSW1	⑧
12/03/2014	345773885	Enterprise (780)429-48, ENTERPRISE RENT-A-CAR	300.00	CAD	300.00	✓ 14.29		Rental Car: D O'Brien; J Simius; C Knight EDM to CGY	⑨
12/03/2014	345773896	Enterprise (780)429-48, ENTERPRISE RENT-A-CAR	-89.18	CAD	-89.18	✓ 4.26		Car Rental: D O'Brien; J Simius; C Knight EDM to CGY	⑩
12/03/2014	345773887	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	30.45	CAD	30.45	✓ .00	.00	Parking at CGY airport - RBB CC DSW1	⑪
15/03/2014	345838481	THE WESTIN EDMONTON, WESTIN HOTELS	186.91	CAD	186.91	✓ 10.81	.00	Hotel - Prov Advisory Council on AMH	⑫
19/03/2014	346294641	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	✓ .90		Parking at Capital Blvd - Integrated Housing & Supports Framework	⑬
19/03/2014	346294642	STAPLES STORE #274, OFFICE, SCHOOL SUPPLY, AND STATIONERY STORES	-5.25	CAD	-5.25	✓ .25		Phone Charger - didn't work - RETURNED FOR CREDIT	⑭
19/03/2014	346294643	STAPLES STORE #274, OFFICE, SCHOOL SUPPLY, AND STATIONERY STORES	-15.70	CAD	-15.70	✓ .75		Phone Charger - didn't work - RETURNED FOR CREDIT	⑮
19/03/2014	346294644	STAPLES STORE #274, OFFICE, SCHOOL SUPPLY, AND STATIONERY STORES	20.96	CAD	20.96	✓ 1.00		Car Charger - didn't work - RETURNED FOR CREDIT	⑯

<b>Signatures</b>		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO 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>		
<u>CRYSTAL THOMPSON</u> Name of Cardholder Designate  <u>[Signature]</u> Signature of Cardholder Designate	<u>Admin Asst</u> Cardholder Designate Position/Title  <u>24 May 2015</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>O BRIEN, DAVID</u> Name of Cardholder  <u>[Signature]</u> Signature of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title  <u>24 May 2015</u> Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate  <u>[Signature]</u> Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title  <u>March 25, 2014</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Mauro Chies</u> Name of Approver  <u>[Signature]</u> Signature of Approver	<u>Acting VP, Province-wide Clinical Supports, Programs &amp; Services</u> Approver Position/Title  <u>March 25, 2014</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <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> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

Marlene Hicks

KBB Continuing Care Desired  
State Workshop I - Edmonton

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines [noreply@itinerary.westjet.com]  
Sent: February 24, 2014 1:54 PM  
To: Marlene Hicks  
Subject: Reservation Confirmation

WestJet  
22 Aerial Place N.E.  
Calgary, Alberta,  
Canada  
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary.  
Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.  
This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

### Booking Confirmation

Your reservation code is

Main contact: Mr David OBrien  
E-mail: david.obrien@albertahealthservices.ca  
Phone Number:

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

### Guest

Mr. David OBrien  
Flight: Calgary (YYC)-Edmonton (YEG), Edmonton (YEG)-Calgary (YYC)  
WestJet FF  
Ticket Number:  
Seat: YYC-YEG: \*; YEG-YYC: \*

### Air Itinerary Details

\* WS153 WestJet Calgary, CA Tue 11 Mar, 2014 08:00 PM Edmonton, CA Tue 11 Mar, 2014 08:50 PM Fare type: Econo Non-stop

\* WS348 WestJet Edmonton, CA Wed 12 Mar, 2014 06:15 PM Calgary, CA Wed 12 Mar, 2014 07:04 PM Fare type: Econo Non-stop

### Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 184.00	CAD 24.00	CAD 83.11	CAD 291.11	x 1	CAD 291.11
						Total airfare: CAD 291.11

### Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 13.86
CA	Air Travellers Security Charge (ATSC)	CAD 14.25
SQ	Airport Improvement Fee (AIF)	CAD 55.00
		Total taxes: CAD 83.11

### Fare family benefits

YYC-YEG: Econo Seat Sale Benefits

MARIA - INTERAGENCY COUNCIL ON HOMELESSNESS  
MARIA - RPB CONT CARE DESIRED STATE WORKSHOP #1.

- One complimentary checked bag \*
- Fully refundable if cancelled within 24 hours of booking \*\*
- Advance seat selection - \$5-53.10\*



Flight - Cancelled.

Marlene Hicks

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines [noreply@itinerary.westjet.com]  
Sent: February 24, 2014 2:01 PM  
To: Marlene Hicks  
Subject: Reservation Confirmation



WestJet  
22 Aerial Place N.E.  
Calgary, Alberta,  
Canada  
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight. This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

### Booking Confirmation

Your reservation code is:

Main contact: Mr David OBrien

E-mail: dadd.obrien@albertahealthservices.ca

Phone Number

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

### Guest

Mr. David OBrien  
Flight WestJet FF  
Ticket Number  
Seat  
Calgary (YYC)-Edmonton (YEG), Edmonton (YEG)-Calgary (YYC)  
YYC-YEG: \*; YEG-YYC: \*

### Air Itinerary Details

WS3252 * Operated by WESTJET ENCORE	Calgary, CA Fri 14 Mar, 2014 12:20 PM	Edmonton, CA Fri 14 Mar, 2014 01:13 PM	Fare type: Econo Non-stop
WS3259 * Operated by WESTJET ENCORE	Edmonton, CA Sat 15 Mar, 2014 09:15 PM	Calgary, CA Sat 15 Mar, 2014 06:06 PM	Fare type: Econo Non-stop

### Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 168.00	CAD 24.00	CAD 82.31	CAD 274.31	x 1	CAD 274.31
						Total airfare: CAD 274.31

### Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 13.06
CA	Air Travellers Security Charge (ATSC)	CAD 14.25
SQ	Airport Improvement Fee (AIF)	CAD 55.00

Total taxes: CAD 82.31

### Fare family benefits

YYC-YEG: Econo Seat Sale Benefits

- One complimentary checked bag \*
- Fully refundable if cancelled within 24 hours of booking \*\*
- Advance seat selection - \$5-53.10\*

RBB-Cont Care  
Quality Mgmt  
PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES  
& Assurance Framework

Expiration Date/Time mtg  
**06:00 PM**  
**FEB 26, 2014**

Purchase Date/Time: 08:51am Feb 26, 2014  
Total Parking: \$17.14  
Total gst: \$0.86  
Total Due: \$18.00  
Total Paid: \$18.00  
Ticket: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot 256  
Mach Name: Meter 1

Card: [REDACTED] MasterCard  
Auth #: [REDACTED]  
GST #087315636RT0001

**RECEIPT**  
IMPARK LOT 266  
NO IN AND OUT PRIVILEGES  
Expiration Date/Time: 06:00pm Feb 26, 2014  
Purchase Date/Time: 08:51am Feb 26, 2014  
Total Parking: \$17.14  
Total gst: \$0.86  
Total Due: \$18.00  
Total Paid: \$18.00  
Ticket: [REDACTED]  
Setting: Lot 256  
Mach Name: Meter 1

Card: [REDACTED] MasterCard  
Auth #: [REDACTED]

Mtg with LORI  
ANDERSON - SHC

SOUTH HEALTH  
CAMPUS, ALBERTA  
HEALTH SERVICES  
RECEIPT

ENTRY DATE/TIME:  
06/03/14 13:19  
PAY DATE/TIME:  
06/03/14 14:04  
PARK-DUR.: HRS:MIN  
0:00:45

ALLOWED EXIT TO:  
06.03.14 14:34  
PAID: \$ 4.00  
MASTECARD

AUTH. [REDACTED]  
REC. [REDACTED]

\* You Have ONLY \*  
\* 15 MINUTES \*  
\* To Exit Garage \*  
\* NO IN/OUT \*  
\* PRIVILEGES \*  
\* GST INCLUDED \*  
\* GST:R124072513 \*  
Comments/Concerns  
Call: 403-944-1572

PARKING @ SHC  
mtg w LORI ANDERSON.

PARKING @ MATRIX  
CONT CARE QUALITY MGMT  
ASSURANCE FRAMEWORK

*David O'Brien*  
P-Card for  
**CO-OP**

Calgary Co-op  
*Car Rental Fuel*

Airdrie Gas Bar  
#800, 2700 Main Street  
Airdrie AB (403) 912-3711  
GST# R100730894

*3 staff attended RBB*  
Member Number [redacted] *Edmonton*  
Member: *DAVID O'BRIEN*  
Type: SALE *Cheryl Knight*  
*James Silvius*

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 1.189	\$ 35.00
	Pump:	9	
	Litres:	29.435	
	Price / Litre:	\$ 1.189	
1	FUTW TICKET	\$ 0.000	\$ 1.00
Subtotal			\$ 35.00
GST [Incl Pumps]			\$ 1.67
Total			\$ 35.00

MASTERCARD  
Purchase [redacted] \$ 35.00  
[redacted] \$  
[redacted] 8:46:28 66145910  
Ref [redacted] Auth [redacted]  
01 APPROVED - THANK YOU 027

IMPORTANT:  
retain this copy for your records



*FUEL FOR RENTAL CAR*  
*DROVE HOME EDM -> CGY*  
*MARIA/14*

*Taxi from airport*  
*to Matrix*  
= TRANSACTION RECEIPT =

ALBERTA COOP TAXI  
10538 - 114 ST *EDM*  
EDMONTON, AB T5H 3J7  
(780) 425-2525

ACCT TYPE: CREDIT CARD  
CARD NUMBER: [redacted]

CARD TYPE: [redacted]  
DATE/TIME:  
*14/03/11 21:34:52*  
AUTH#: [redacted]

VEH/DRV: [redacted]  
GST#: [redacted]  
TXN ID: [redacted]

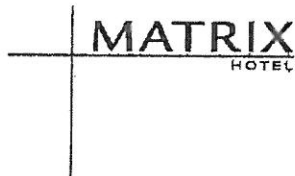
FARE: \$ 52.38  
FLAT: \$000.00  
EXTRAS: \$000.00  
TAX: \$ 2.62

FA+FL+EX+TAX: \$ 55.00  
TIP: \$ 5.00  
DISCOUNT: \$000.00

TOTAL: \$ 60.00

SIGNATURE: \_\_\_\_\_

*TAXI*  
*AIRPORT TO MATRIX*  
*RBB CC WORKSHOP-MARIA/14*



N/A David O'Brien

Canada

Room Number:

Arrival Date: 03-11-14

Departure Date: 03-12-14

Page No: 1 of 1

Confirmation No

**INFORMATION INVOICE**

Folio No:

03-24-14

Date	Description	Charges	Credits
03-11-14	Room Revenue	139.00	
03-11-14	Destination Marketing Fee - 3%	4.17	
03-11-14	Tourism Levy - 4%	5.73	
03-12-14	Mastercard		148.90
Total		148.90	148.90
Balance		0.00	

**Signature:**

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

MAR12- RBB CONT CARE DESIRED STATE WORK STOP #1.

Carrental for 3 staff - return from Edmonton to Calgary - DAVID O'BRIEN, James Silvius

Page 1 of 1

ENTERPRISE RENT A CAR, 10645 101 STREET, EDMONTON, AB (780) 429-4883

Cheryl Knight

-attended RBB Workshop - Mar. 12th

RENTAL AGREEMENT REF#

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
RENTER					
O'BRIEN, DAVID					
DATE & TIME OUT					
12/03/2014 03:41 PM					
DATE & TIME IN					
12/03/2014 07:03 PM					
BILLING CYCLE					
24-HOUR					
TIME & DISTANCE	12/03 - 12/03	1	DAY	\$49.99	\$49.99
DROP FEE	12/03 - 12/03	1	RENTAL	\$150.00	\$150.00
REFUELING CHARGE	12/03 - 12/03				\$0.00
Subtotal:					\$199.99
Taxes & Surcharges					
GST	12/03 - 12/03			5%	\$10.04
VLF	12/03 - 12/03	1	DAY	\$0.79	\$0.79
Total Charges:					\$210.82
Bill-To / Deposits					
DEPOSITS					-\$300.00
Total Amount Due					\$0.00

PAYMENT INFORMATION

AMOUNT PAID

TYPE

CREDIT CARD NUMBER

-\$89.18

Mastercard

PENDING

\$300.00

Mastercard

✓ \$300 Deposit charge (9)

✓ \$89.18 credit Back (10)

\$210.82 total charges.

3/12/2014



RECEIPT  
GST NO. R122556194  
Airport Parking  
to attend RBB  
Workshop - EDM  
EXIT No. A3  
IN: 03/11/14 18:59  
OUT: 03/12/14 19:19  
DURATION: 1 00: 20  
PAID: \$30.45 ✓  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parking

PARKING @ CGY AIRPORT  
RBB CC DSW #1.

Interagency Council  
on Homelessness

CALGARY AIRPORT AUTHOR  
2000 AIRPORT ROAD T2E6N6  
CALGARY AB  
T2E2T513 Parking  
PURCHASE  
03-11-2014 11:08:14  
Acct # [REDACTED] C  
Exp Date [REDACTED] Card Type [REDACTED]  
Name: DAVID O'BRIEN  
A0000000041010 MasterCard  
Trace # [REDACTED]  
Inv. # [REDACTED]  
Auth # [REDACTED] RRN 001965004

Total \$5.25 ✓  
(00) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

PARKING @ CGY AIRPORT  
INTERAGENCY COUNCIL ON  
HOMELESSNESS.

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
780-426-3636  
<http://www.westin.com/edmonton>



O'Brien, David      Page Number      1      Invoice Nbr      [REDACTED]  
[REDACTED]      Guest Number      [REDACTED]      Arrive Date      03-14-2014 17:05  
[REDACTED]      Folio ID      A      Depart Date      03-15-2014 15:29  
[REDACTED]      No. Of Guest      1      Agent      [REDACTED]  
[REDACTED]      Room Number      716  
[REDACTED]      Time      03-21-2014 14:15

Duplicate Invoice

Date	Reference	Description	Charges	Credits
03-14-2014	[REDACTED]	Room Charge	\$149.00	
03-14-2014	[REDACTED]	DMF	\$4.47	
03-14-2014	[REDACTED]	Tourism Levy	\$6.14	
03-14-2014	[REDACTED]	Parking Self	\$26.00	
03-14-2014	[REDACTED]	GST	\$1.30	
03-15-2014	[REDACTED]			\$-186.91
		** Total	\$186.91	\$-186.91
		** Balance	\$0.00	

EXPENSE SUMMARY REPORT  
Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
03-14-2014	\$149.00	\$0.00	\$6.14	\$0.00	\$0.00	\$31.77	\$186.91	\$0.00
03-15-2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-186.91
Total	\$149.00	\$0.00	\$6.14	\$0.00	\$0.00	\$31.77	\$186.91	\$-186.91

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

PROVINCIAL ADVISORY COUNCIL ON AMH

■  
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

19/03/14 18:00

✓  
AMOUNT PAID

\$ 19.00 95970000 08:41 LOT1002

PRECISE  
PARKLINK™

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

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

19/03/14 08:41 \$ 19.00

CREDIT CARD NUMBER

CC

PRECISE  
PARKLINK™

RECEIPT

13

PARKING @ CAPITAL BLVD

CMT ON INTEGRATED HOUSING & SUPPORTS FRAMEWORK

----- TEAR HERE -----

THE SOURCE  
LEDUC COMMON - 05-5834  
#5 - 5208 DISCOVERY WAY  
LEDUC, AB T80-980-1198

CUSTOMER COPY

Mar 19/2014 2:00pm Inv#: [REDACTED]  
By [REDACTED] Terminal ID: 000  
221-8177p \* 90W INVERTER 19.99 G  
SUBTOTAL 19.99  
GST/HST 5.000% 1.00  
TOTAL 20.99  
P/L code: 82812  
MasterCard [REDACTED] 20.99

\* - ACP available  
(limitations may apply)

GST/HST# R822968293

==TRANSACTION RECORD==  
=RELEVÉ DE TRANSACTION=

POS88021654 RETLR11213503  
M 00112135  
THE SOURCE #58340  
5208 DISCOVERY WAY UNIT 5  
LEDUC AB

CARD/CARTE: [REDACTED]  
NO. [REDACTED]  
AID: 8000000041010  
APPL: [REDACTED]  
SEQ.: 020 BATCH/LOT: 188  
REFERENCE NB.: [REDACTED]  
2014/03/19 14:00:11 CAT

PURCHASE/ACHAT \$20.99  
AUTHOR./AUTOR. [REDACTED]

00 APPROVED - THANK YOU

Keep this copy for  
your records.

COPY : CARDHOLDER  
\*\*\*\*\*

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DIDN'T WORK

RETURNED

Credit to mc for

\$ 5.29 ✓ (14)

\$ 15.70 ✓ (15)

20.99

✓ (16)