

## Official Administrator and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** ZMD, Central Zone  
**Location** Red Deer

Expenses submitted during the month of April 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)
Apr-14	P-Card	Meetings and Conferences		21	658	48	727			
Apr-14	Expense Claim	Meetings and Conferences		115		279	394			
<b>Total</b>			\$ -	\$ 136	\$ 658	\$ 327	\$ 1,121	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,121

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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

LUNDALL, EVAN	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/04/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	AHS MICHENER BEND	Total Statement Amount:	5726.78
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	
Cardholder's e-mail address			

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/04/2014	347858033	IMPAV00020101U AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	95		Office parking - attending CPSAAH Meeting - Edmonton
13/04/2014	348924150	AIRPORT EXPRESS, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	27.95	CAD	27.95	1.45		Shuttle from Hotel to Toronto Airport - attended Cdn Conference on Physician Leadership
14/04/2014	349324150	FAIRMONT ROYAL YORK, FAIRMONT HOTELS	678.83	CAD	678.83	33.94		Hotel room charge - attending Canadian Conference on Physician Leadership

**Cardholder Designate (If Applicable)**

By signing this statement:

- 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.

Sheryl Hergott  
Name of Cardholder Designate

[Signature]  
Signature of Cardholder Designate

Exec. Assistant  
Cardholder Designate Position/Title

23/14  
Date of Signature

**Cardholder**

By signing this statement:

- 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

LUNDALL, EVAN  
Name of Cardholder

[Signature]  
Signature of Cardholder

CENTRAL ZONE MEDICAL  
Cardholder Position/Title

23/14  
Date of Signature

**Approver Designate (If Applicable)**

By signing this statement:

- 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 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

**Approver**

By signing this statement:

- 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 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver

Signature of Approver

Approver Position/Title

Date of Signature

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) and where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return refund and/or credit receipts
- Disputed letter
- Business reasons for travel require detailed descriptors - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

Reference #:

Reviewed by:

Date:



100 Front Street W  
Toronto, ON, Canada M5J 1E3  
T (416) 368-2511 F (416) 368-2884  
G.S.T. Registration # 832522213

Room :   
Folio # :   
Cashier # :   
Page # : 1 of 2

Group Name :

Canadian Medical Association

Invoice No.

Arrival : 04-10-14  
Departure : 04-13-14

Canada

Date	Description	Additional Information	Charges	Credits
04-10-14	Room Charge		189.00	
04-10-14	HST - Rooms		24.57	
04-10-14	DMP Fee*		5.03	
04-10-14	HST-DMP Fee*		0.65	
04-11-14	Library Bar		\$21.08	
04-11-14	Room Charge		189.00	
04-11-14	HST - Rooms		24.57	
04-11-14	DMP Fee*		5.03	
04-11-14	HST-DMP Fee*		0.65	
04-12-14	Room Charge		189.00	
04-12-14	HST - Rooms		24.57	
04-12-14	DMP Fee*		5.03	
04-12-14	HST-DMP Fee*		0.65	
04-13-14	Mastercard			678.83
Total			678.83	678.83
Balance Due			0.00	

*\$21.08 - Supper - Pizza  
- detailed room  
charge attached.*

GST Summary

Room : 0.00  
F&B : 0.00  
Other : 0.00  
Total : 0.00

HST Summary

Room : 73.71  
F&B : 2.08  
Other : 1.95  
Total : 77.74

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from :  
United States or Canada 1 800 441 1414

I agree that my liability for the bill shall remain valid and I agree to be held personally liable in the event that the  
hotel's policy, company or association fails to pay for any part of or the full amount of the charges. Overdue  
balance subject to a surcharge at the rate of 1 1/2% per month after one month (18 1/2% per annum).  
I have accepted delivery of The Globe and Mail. If I refused I would have been eligible for a \$1.00 (Monday  
and \$1.50 (Saturday) account (all participating hotels).

\*Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts



100 Front Street W  
Toronto, ON, Canada M5J 1E3  
T (416) 368-2511 F (416) 368-2884  
G.S.T. Registration # 832522213

Canadian Medical Association  
Dr Evan Lundall

Canada

Room :  
Folio # :  
Cashier # :  
Page # : 2 of 2

Group Name

Invoice No.

Arrival : 04-10-14  
Departure : 04-13-14

Date	Description	Additional Information	Charges	Credits
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Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay please contact Tim Morrison Hotel Manager, at TimMorrisonHM@Fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from :  
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the individual person, company or association fails to pay the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month (18.0% per annum). I have accepted delivery of the Card and Mail. Hotel will send me a bill for \$51.00 (Mail Fee) and \$2.00 (at) to my account. (At participating rates)

\* Designated Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts

Check Detail

^^[Fairmont]  
HST # 932522213  
The Library Bar  
[REDACTED] 2  
61 /1 [REDACTED]  
APR11'14 2:13PM  
-----  
1 KANAN PIZZA 16.00  
Food 16.00  
Srv Charge .... 3.00  
HST 2.08  
Payment ..... 21.08  
CHARGE TIP 3.00  
3130/Lundall 21.08  
ROOM CHARGE  
-----152 DTCHED APR11 1:11 AM-----

Room Charge: April 11, 2014.  
Supper

Attending: Canadian Conference on  
Physician Leadership.

ATB PLACE  
GST: 887315638RT001  
RECEIPT C1

IN: 03.04.14 13:33  
OUT: 03.04.14 16:45  
AMOUNT: CAD 20.00  
CC-DATA:

TRANSACTION  
RECORD

Card #:

Card Entry: CHIP

Account: MASTERCARD

Trans: PURCHASE

Amount: 20.00

Auth #:

Sequence #:

Term ID:

Date: 14/04/03

Time: 16:44:36

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH  
ISSUERS AGREEMENT WITH

CARDHOLDER

Application Label:

MasterCard

Card: 000000000000

Card: A00000000041010

TS1: E600

Card: A79064A93B5F8B15

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

Attended CPSA / AH  
Meeting - Edmonton - face to  
face.

Thank you for  
Visiting!  
6000

Parking: Attended  
CPSA / AH Meeting - Edmonton.  
- Apr 3/14.

Attended Conference  
 Pcard Con Conference on  
 Physician Leadership  
 \*\*\*\*\*  
 \* ~~Transport Hotel to Airport~~ \*  
 \* PACIFIC WESTERN TRANSPORT \*  
 \* \*  
 \* Airport/Hotel Shuttle Pass \*  
 \* \*  
 \* Apr 13/2014 - 06:52 am \*  
 \* \*  
 \*\*\*\*\*  
 \* INTERCONTINENTAL HOTEL to T1 \*  
 \* ADULT / ADULTE \*  
 \*\*\*\*\*  
 \* \*  
 \* Ticket QTY : [REDACTED] \*  
 \* LOCATION : [REDACTED] \*  
 \* TRANS# : [REDACTED] \*  
 \* \*  
 \* AMOUNT : \$27.95 \*  
 \* \*  
 \* SOLD BY : CLERK [REDACTED] \*  
 \*\*\*\*\*



Ticket is sold by Toronto Airport Express,  
 a division of P.W. Transportation Ltd.  
 Tickets purchased are non-refundable and  
 subject to Conditions of Carriage.

One Way tickets are valid for 30 days  
 from date of issue.  
 Return tickets and Multi Ride tickets  
 are valid for 90 days from date of issue.  
 Ten-Ride tickets are valid for 1 year  
 from date of issue.

For questions or concerns,  
 please contact 905-564-3232  
 or info@torontoairportexpress.com.

Thank you

Apr 13/2014 06:52:15

Card Type : Mastercard  
 Card Number : [REDACTED]  
 Expiry Date : [REDACTED]  
 Card Entry : SWIPED  
 Trans Type : PURCHASE  
 Amount : 27.95  
 Authorization# : [REDACTED]  
 Clerk : [REDACTED]

I agree to pay above total amount  
 according to the card issuer agreement

Transportation from  
 Fairmont Royal York Hotel  
 to Toronto Airport - Apr 13/14  
 Attended: "Canadian Conference  
 on Physician Leadership"





# 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		Expense Date From: 22-Mar-14 To: 21-Apr-14	
* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system		Travel Period from: To: (if applicable)	
* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)		Out-of-Province Travel	
Name: Dr. Evan Lundall		Position (Title): Central Zone Medical Director	
Location: Michener Bend, Red Deer		Dept: Medical Affairs	DOFA Level: (if applicable)
Employee # (E-People):		Union:	Business Phone #: Ext:

## SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →		Project Number		Project Task Number						
Expenditure Organization		Expenditure Type								
<b>Total - Section B: Travel - Pg 2</b>					<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b>	<b>TOTAL REIMBURSEMENT</b> Total Section B \$394.48 Total Section C&D Less Cash Advance <b>TOTAL CLAIM \$394.48</b>				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit		Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0015	71110106048	\$366.20						
2B	101	0015	71110106048	\$28.28						
2C										
2D										
				\$394.48	**User to enter Coding & \$ Amounts					
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D					

## SECTION F: AUTHORIZATION

I certify that I have read and understand the Travel Policy and the Travel Expense Policy, and I agree to comply with the terms and conditions of these policies. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have read and understand the Travel Policy and the Travel Expense Policy, and I agree to comply with the terms and conditions of these policies. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes.

Approved By (PRINT ONLY): Dr. Verna Yu DOFA Level: Position #: Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: VP Equality + CHRO Date: Apr. 25/14

I certify that I have read and understand the Travel Policy and the Travel Expense Policy, and I agree to comply with the terms and conditions of these policies. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes. I understand that the Travel Policy and the Travel Expense Policy are subject to change without notice and that I will be responsible for keeping myself up-to-date on any changes.

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 (PIA) and sections 33(a) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS's Future Pay program.

Please send completed claim forms (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 1E4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0015 71110106046	Emp # (E-People)				Page 2A							
If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. <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> <b>NOTE:</b> 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 = Int'l.) 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 REQUIRED If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mmm-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	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	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						
2-Apr-04	FCC/AAH - Sylvan Lake Community Meeting - meeting in Sylvan Lake	AB	Meeting	Yes	L-\$11.60	\$11.60	L						44.00	
3-Apr-14	CPSA/AB Health Sponsorship meeting - Edmonton	AB	Meeting	Yes	D-\$20.75	\$20.75	D						316.00	
10-Apr-14	Red Arrow Bus - transportation from Red Deer to Calgary airport to catch Westjet flight - Calgary-Toronto - Cdn Physician Leadership Conference	AB	Conf	Yes						\$49.00				
10-Apr-14	Airport shuttle - Toronto to Fairmont Royal York Hotel - attending Cdn Physician Leadership Conference	ON	Conf	Yes						\$20.00				
10-Apr-14	Dinner - Air Travel - Calgary to Toronto - attending Cdn Physician Leadership Conference	ON	Conf	Yes	D-\$20.75	\$20.75								
11-Apr-14	Dinner - attending Cdn Physician Leadership Conference - Toronto ON	ON	Conf	Yes	D-\$20.75	\$20.75								
12-Apr-14	Dinner - attending Cdn Physician Leadership Conference - Toronto ON	ON	Conf	Yes	D-\$20.75	\$20.75								
13-Apr-04	Breakfast/Lunch - travel from Toronto ON to Calgary AB - returning from Cdn Physician Leadership Conference in Toronto	ON	Conf	Yes	BL-\$20.80	\$20.80								
<b>SUBTOTALS</b>						\$115.40				\$69.00			Total Kms 360.00	
<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 under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement								Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)		\$0.505				
								Mileage \$		\$181.80				
								Travel \$ Subtotal		\$184.40				
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3								Auto fills on page 1 - TOTAL TRAVEL \$		\$366.20				
<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)														

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

- 3 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding		101	0015	71110106046	Emp # (E-People)				Page 2B					
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. <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> <span style="float:right">NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</span>														
Select from dropdown (column Prov) where expenses were incurred (Out of N.A. means = Int'l) 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 REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.A. where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	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						
16-Apr-14	Travel Red Deer Lacombe-Red Deer Meeting with FMD and physician leaders re Outbreak complaints											56.00		
<b>SUBTOTALS</b>												Total Kms 56.00		
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement										Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small>		\$0.505		
										Mileage \$		\$28.28		
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				
										Auto fills on page 1 - TOTAL TRAVEL \$		\$28.28		
<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)														

**Sheryl Hergott**

**From:** Evan Lundall L.  
**Sent:** April 9, 2014 4:45 PM  
**To:** Sheryl Hergott  
**Subject:** Fwd: Invoice

Apr 10<sup>th</sup> - Red Arrow Bus to  
Calgary Airport to take  
Flight Calgary to Toronto to  
attend 2014 Canadian Conference  
on Physician Leadership.

Evan

Medical Director and Zone Executive Lead  
Central Zone, AHS

Begin forwarded message:

**From:** Reservations <[itinerary@redarrow.ca](mailto:itinerary@redarrow.ca)>  
**Date:** April 9, 2014 at 4:44:10 PM MDT  
**To:** Evan Lundall L. <[Evan.Lundall@albertahealthservices.ca](mailto:Evan.Lundall@albertahealthservices.ca)>  
**Subject:** Invoice

## **red arrow** Invoice

safely  
home

Date: 2014-04-09

Bill To: You can reach us at:

Website User

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
			-	-	2014-04-10	2014-04-10	-	Website User

Travellers:

Lundall/Evan

Product	Details	Duration	Price Basis	Qty	Each	Billed
EDMCAL 10:30 YYC Assigned to: 02A	Departs Red Deer (REDHOL / Red Deer iHotel ) 2014-04-10 at 12:30 Arrives CALGARY (CALGARY INTERNATIONAL AIRPORT) 2014-04-10 at 14:05	1 hr 35 mins	Adult	1	46.67	49.0

Base Price: 46.67 CA  
Discounts: 0.00 CAI

Payments Received:

Date	From	Reference	Amount
2014-04-09	Website User	[REDACTED]	49.00 CAD

Service Charges:	0.00 CAC
GST	2.33 CAC
Invoice Total:	49.00 CA
Received:	49.00 CA
Balance:	0.00 CAC

TERMS: DUE UPON RECEIPT

Red Arrow reserves the right to conduct baggage checks at any time.  
When travelling with Red Arrow you may be asked for ID at any time.  
\*\*\*\*\*

GST# BN139981476

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.

IF YOU WISH TO MAKE ANY CHANGES TO THIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures. Wheelchair reservations & cancellation to travel bookings during our Christmas Blackout period (December 13, 2013 to January 6, 2014) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure will result in forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1953 Thank you for choosing Red Arrow.

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

*Personal*  
 \*\*\*\*\*  
 \*  
 \* PACIFIC WESTERN TRANSPORT \*  
 \*  
 \* Airport/Hotel Shuttle Pass \*  
 \*  
 \* Apr 10/2014 - 10:49 pm \*  
 \*  
 \*\*\*\*\*  
 \* T3 to ROYAL YORK \*  
 \* ADULT / ADULTE \*  
 \*\*\*\*\*  
 \* Ticket QTY : 1 \*  
 \* LOCATION : 12 \*  
 \* TRANS# : [REDACTED] \*  
 \*  
 \* AMOUNT : \$20.00 \*  
 \*  
 \* SOLD BY : [REDACTED] \*  
 \*\*\*\*\*



Ticket is sold by Toronto Airport Express,  
 a division of P.W. Transportation Ltd.  
 Tickets purchased are non-refundable and  
 subject to Conditions of Carriage.

One Way tickets are valid for 30 days  
 from date of issue.  
 Return tickets and Multi Ride tickets  
 are valid for 90 days from date of issue.  
 Ten-Ride tickets are valid for 1 year  
 from date of issue.

For questions or concerns,  
 please contact 905-564-3232  
 or info@torontoairportexpress.com.

Thank you

Apr 10/2014 22:49:57

Card Type : Mastercard  
 Card Number : [REDACTED]  
 Expiry Date : [REDACTED]  
 Card Entry : SWIPED  
 Trans Type : PURCHASE  
 Amount : 20.00  
 Authorization# : [REDACTED]  
 Clerk : [REDACTED]

I agree to pay above total amount  
 according to the card issuer agreement

*Apr 10/14: Transportation:  
 Toronto Airport to "Fairmont  
 Hotel York" - Attending  
 Canadian Physician Leadership  
 Conference.*