

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton
 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	Expense Claim	Meetings		62	588	446	1,096			
Total			\$ -	\$ 62	\$ 588	\$ 446	\$ 1,096	\$ -	\$ -	\$ -

Total for the Month \$ 1,096

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base 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 & 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: 30-Mar-14 To: 2-Apr-14
 Travel Period from: 30-Mar-14 To: 2-Apr-14 # applicable
 Out-of-Province Travel: Yes

Name: Dr. Gery Prady Position (Title): Senior Medical Officer of Health
 Location: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	0306	71552000133	\$894.40						Total Section B	\$894.40
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$894.40
				\$894.40							

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

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that they have 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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: _____ Date: April 4, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to travel, hospitality, and working session expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their 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.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level _____ Position # _____ Phone # _____ Ext _____

I, by signing this form, attest that I am compliant to all the above statements

Signature: _____ Title: VP Quality & CMO Date: Apr. 4/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to travel, hospitality, and working session expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their 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.

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

I, by signing this form, attest that I am compliant to all the above statements

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.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 18038-187 St, North Tower, 18th Floor, Accounts Payable, Edmonton, AB T6J 3E4

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71552000133	Emp # (E-People) [REDACTED]	Page 2A
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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 (column Prov) where expenses were incurred (Out of N.America = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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? 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						
30-03-14	Taxi to Edmonton International Airport for trip to Toronto	AB	Conf	Yes							\$51.00			
30-03-14	Hotel for 3 nights in Toronto to attend Ontario Public Health Convention	ON	Conf	Yes	D-\$20.75	\$20.75				\$588.15				
31-Mar-14	Taxi from Pearson Airport to Hotel	ON	Conf	Yes	D-\$20.75	\$20.75					\$63.00			
1-Apr-14	Dinner	ON	Conf	Yes	D-\$20.75	\$20.75								
2-Apr-14	Taxi from Hotel to Pearson Airport	ON	Conf	Yes							\$70.00			
2-Apr-14	Taxi from Edmonton International Airport to Residence	AB	Conf	Yes							\$60.00			
SUBTOTALS						\$62.25				\$588.15	\$244.00			Total Kms

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
 (see Mileage details to the left)

Mileage \$

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 \$894.40

Auto fills on page 1 - TOTAL TRAVEL \$ \$894.40

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)

2



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

Room : [redacted]
Folio # : [redacted]
Cashier # : [redacted]
Page # : 1 of 2

Govt Cda
[redacted]
Canada

Invoice No.
Arrival : 03-30-14
Departure : 04-02-14
Fairmont President's Club
[redacted]

Date	Description	Additional Information	Charges	Credits
03-30-14	Room Charge		169.00	
03-30-14	HST - Rooms		21.97	
03-30-14	DMP Fee*		4.50	
03-30-14	HST-DMP Fee*		0.58	
03-31-14	Room Charge		169.00	
03-31-14	HST - Rooms		21.97	
03-31-14	DMP Fee*		4.50	
03-31-14	HST-DMP Fee*		0.58	
04-01-14	Room Charge		169.00	
04-01-14	HST - Rooms		21.97	
04-01-14	DMP Fee*		4.50	
04-01-14	HST-DMP Fee*		0.58	
04-01-14	American Express			588.15
Total			588.15	588.15
Balance Due			0.00	

<u>GST Summary</u>		<u>HST Summary</u>	
Room :	0.00	Room :	65.91
F&B :	0.00	F&B :	0.00
Other :	0.00	Other :	1.74
Total :	0.00	Total :	67.65

For information or reservations, visit us at
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 indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balances subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

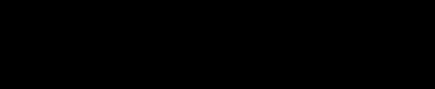
* Destination Marketing Program Fee

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

Govt Cda



Canada

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

Invoice No.
Arrival : 03-30-14
Departure : 04-02-14
Fairmont President's Club



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.

For information or reservations, visit us at
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 indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balances subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per Annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts

YELLOW CAB

780.462.3456

①

Car No. _____
 Date _____
 From _____
 To _____
 Fare Amount \$ _____
 HST No. _____ Tip _____
 Total _____
 Received with Thanks _____
 Signature _____

5-31 Avenue, Edmonton, AB T6N 1C2

Car No. 12 Date 21-03-2014
 From Airport
 To Royal York
 Fare Amount \$ 55
 HST No. _____ Tip 8
 Total 63
 Received with Thanks _____
 Signature _____

③

From Edm Int Airport
 To Edmonton
 Date 2 April 2014
 Amount \$60
 Driver Name _____
 Number _____
 Driver _____

⑤



INDEPENDENT CAB OWNERS' CO-OPERATIVE INCORPORATED TORONTO, ONTARIO

Date: Apr 2/14 Fare: 70.00 GST INCLUDED
 From: Royal York
 To: Pearson
 Cab # _____ Driver: JD

④

RECEIPT

Flat rates available for Airport, Out of Town, Business Trips, Sightseeing, Etc: Ask Driver for details.



Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: Toronto, ON
Name: Dr. Gerry Predy		Employee #: [REDACTED]	Report To: Dr. Verna Yiu
Department: PPAH		Office Location: Edmonton	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0306	71552000133	62320000
Dates: From (day/month) 30/03 (year) 2014 to (day/month) 02/04 (year) 2014			
Purpose of Trip: Attendance at The Ontario Public Health Convention 2014			
Employee Signature:			Date: Jan. 14, 2014
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval - Travel Policy Appendix A)			
Approved By: (please print) Dr. Verna Yiu		Title: VP Quality & CMO	Phone #: [REDACTED]
Signature:		Date: Jan 15, 2014	Phone #: [REDACTED]
Approved By: (please print)		Title:	Phone #: [REDACTED]
Signature:		Date:	[REDACTED]

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 3 Nights at \$196	\$588.00
2. Meals		100.00
3. Registration	Early Bird Registration	540.00
4. Airfare or Other Travel Costs	Air Canada return	928.36
5. Other Expenses (please specify)	Taxi	150.00
Total Estimated Travel Costs		\$2,306.36

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

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-Apr-14 To 30-Apr-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel: _____

Name: Dr. Gerry Prady Position (Title): Senior Medical Officer of Health
 Location: Coronation Plaza Edmonton 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	0306	71552000133	\$202.37						\$202.37		
2B												
2C												
2D												
				\$202.37								

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

Less Cash Advance _____
TOTAL CLAIM \$202.37

SECTION F: AUTHORIZATION

I attest that I have read and understood the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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: 30-Apr-14
 Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: VP Quality and CMO Date: May 6/14

I attest that I have read and understood all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 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.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

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Please send completed claim form (with receipts and other required backups) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0306 71552000133** Emp # (E-People) 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 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 = Inter!)
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						
4-Apr-14	Travel from Coronation Plaza to Alberta Health to meeting with Dr. Talbot and return	AB	Meeting	Yes								\$7.50		16.00
4-Apr-14	Travel from Coronation Plaza to Seventh Street Plaza to Meet with Dr. Yiu	AB	Meeting	Yes								\$14.00		7.00
9-Apr-14	Travel from Coronation Plaza to Seventh Street Plaza and return for COEC meeting	AB	Meeting	Yes								\$19.00		15.00
15-Apr-14	Travel from Coronation Plaza to Wingate Inn for Wisdom Council Meeting	AB	Meeting	Yes										10.00
16-Apr-14	Travel from Coronation Plaza to Wingate Inn for Wisdom Council Meeting	AB	Meeting	Yes										10.00
22-Apr-14	Taxi from Home to Airport for PPAH meeting in Calgary	AB	Meeting	Yes								\$50.00		
22-Apr-14	Taxi from Airport to Home after PPAH meeting in Calgary	AB	Meeting	Yes								\$56.00		
23-Apr-14	Travel from Coronation Plaza to Seventh Street Plaza and return for COEC meeting	AB	Meeting	Yes								\$19.00		15.00

SUBTOTALS												\$106.00	\$59.50		Total Kms 73.00
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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 (see Mileage details to the left)	\$0.505
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Mileage \$	\$36.87
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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	\$165.50
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Auto fills on page 1 - TOTAL TRAVEL \$	\$202.37
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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)

Date: April 22/14 Amount \$ 56
From: [Redacted]
To: [Redacted]
To: [Redacted]
Driver: [Redacted] Car # 1464

780-442-4444
www.24-7taxiline.com

YELLOW CAB 780.462.3456

GST# 218308759
Date: April 22/14 Amount \$50
Driver: AA Car#: 237

From: [Redacted]
To: CAP

10135-31 Avenue, Edmonton, AB T6N 1C2

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 32739
04/04/14 08:28 LH 2 AH 36 [Redacted]
04/04/14 07:21 In 04/04/14 08:28 Out
Tkt# [Redacted]
Regular Rate \$ 7.14
Total Tax \$ 0.36
Total Fee \$ 7.50
CASH PAID \$ 7.50 ✓
Cash Tender \$ 10.50
Change Due \$ 3.00

THANK YOU
COME AGAIN

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

Expiration Date/Time

Expiration Date/Time

05:46 PM
APR 04, 2014

06:00 PM
APR 09, 2014

06:00 PM
APR 23, 2014

Purchase Date/Time: 03:46pm Apr 04, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket: [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$14 - 2 Hours
Payment Type: Card

Purchase Date/Time: 08:36am Apr 09, 2014
Total Parking: \$18.10
Total gst: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$19 - Early Bird
Payment Type: Card

Purchase Date/Time: 08:32am Apr 23, 2014
Total Parking: \$18.10
Total gst: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$19 - Early Bird
Payment Type: Card

Card: [REDACTED]
GST #687318638R10001

RECEIPT

RECEIPT

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 05:46pm Apr 04, 2014
Purchase Date/Time: 03:46pm Apr 04, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Setting: Lot 256
Mach Name: Meter 1
Rate: \$14 - 2 Hours
Payment Type: Card

Expiration Date/Time: 06:00pm Apr 09, 2014
Purchase Date/Time: 08:36am Apr 09, 2014
Total Parking: \$18.10
Total gst: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Setting: Lot 256
Mach Name: Meter 1
Rate: \$19 - Early Bird
Payment Type: Card

Expiration Date/Time: 06:00pm Apr 23, 2014
Purchase Date/Time: 08:32am Apr 23, 2014
Total Parking: \$18.10
Total gst: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Setting: Lot 256
Mach Name: Meter 1
Rate: \$19 - Early Bird
Payment Type: Card

